Scholarship Application Process

2020 Kentucky Health Care Foundation Scholarship

The mission of the Kentucky Health Care Foundation is to enhance quality care through research, educational opportunities, innovation, and partnership as supported by charitable contributions. The Kentucky Association of Health Care Facilities (KAHCF) is the trade association that represents proprietary and nonproprietary long term care facilities throughout the Commonwealth.

Beginning in 1989, the Kentucky Health Care Foundation (KHCF) has awarded scholarships to deserving employees in the long term care profession based on their academic achievements and commitment to quality care. It should be noted individuals pursuing degrees other than nursing will be considered for scholarships. The Kentucky Health Care Foundation scholarships are awarded to employees of member facilities and applicants are judged on their professional qualifications, commitment to the profession and by letters of recommendation.

The Kentucky Health Care Foundation scholarship was established to encourage the education of long term health professionals in Kentucky. An applicant must be a Kentucky resident who is planning a career in long term care and be employed at a KAHCF member facility or enrolled in school. Scholarship applicants must be enrolled in or accepted by a college, university, health care institution or other educational organization offering state approved courses. If not employed by a KAHCF member facility, scholarship applicants currently enrolled must obtain a faculty member recommendation letter. Scholarships will be paid directly to the educational institution to cover expenses incurred for tuition, books or course-related fees. The amount of the scholarship has been $2,000 in the past, but is reviewed annually.

How to apply:

- Submit applications to: Kentucky Health Care Foundation
  9403 Mill Brook Road
  Louisville, KY 40223

- Applications must be received in the KHCF office by Friday, April 24, 2020
- Scholarship recipients will be notified of the KHCF Board’s decision the summer of 2020. Scholarship funds will be available immediately upon award, and recipients will be recognized by KAHCF in the Fall of 2020.
- For more information, contact the Kentucky Health Care Foundation at (502) 425-5000.
Scholarship Application – Applicant Information

Please type the following information into the form provided below.

Student Information:

Name __________________________________________ Date __________________
Home Street Address ______________________________________________________
City __________________________ State KY Zip Code ____________
Home Phone # ______________ Work E-mail ________________________________
Home Phone # ______________ Home E-mail ________________________________

Facility/Educational Institution Information:

Facility _______________________________________________________________
Facility Administrator _______________________________________________
Educational Institution ________________________________________________
Title _________________________________________________________________
Work Phone # ______________________________
Work Fax # ______________________________
Work E-mail ______________________________

Educational Institution ________________________________________________
Faculty Recommendation ________________________________________________
Scholarship Application – Institution Information

Please **type** the following information into the form provided below.

Please check only one of the following, if applicable:

___ I am currently enrolled in an accredited college nursing program.
   Program name__________________________________________________________

___ I have been accepted into an accredited college nursing program.
   Program name__________________________________________________________

___ I have been accepted into a non-nursing accredited college educational program.
   Program Name________________________________________________________

Anticipated Date of Graduation __________________

College/Institution ______________________________________________________

College Address _________________________________________________________

City __________________________ State ________ Zip _________________________

College/Institution Contact __________________________ Title ________________

Phone _______________ Fax _______________ E-mail _________________________

If selected to receive a scholarship, funds will be paid directly to the educational institution shown above. Scholarship funds will be available immediately after notification that the scholarship was awarded up until one (1) year from the date of the award. It should be noted any unused funds will lapse and revert back to the Foundation.

I hereby verify that the above information is true and accurate to the best of my knowledge and I agree to submit proof of the same should such information be requested. I further agree that any scholarship funds awarded on my behalf from KHCF will be used to further my education in an applicable long term care discipline program.

Applicant’s Signature _________________________________ Date ________________
Please type the answers to the following information provided below. Use additional sheets if necessary. Please limit each answer to 100 words or less.

1. How long have you worked in long term care?
2. How long have you worked at your current facility?
3. Briefly describe your major job responsibilities.
4. Briefly describe why you are applying for this scholarship and how your past experience makes you a qualified candidate.
5. Briefly describe your interest in your chosen field of study.
6. Provide any educational background and/or applicable work experience.
7. Briefly describe your financial need, if any.
8. Outline your current goals and how you plan to utilize this scholarship to attain these goals.
9. Describe your future plans and commitment to long-term care.
10. If currently working at a facility, attach two (2) professional letters of recommendation – one must come from your Administrator or Director of Nurses at your facility. If currently a student, please attach one (1) letter of recommendation from a faculty member at your educational institution.