

# IDAHO HEALTH CARE ASSOCIATION FOUNDATION, INC

DELTA HOLLOWAY | DOROTHY WITMER | SHERI ROGERS | MOLINA HEALTHCARE |  
UNITEK LEARNING SCHOLARSHIP APPLICATION



This announcement contains the information and instructions you will need to apply for a 2020 Scholarship from the Idaho Health Care Association Foundation (IHCAF). IHCAF will award scholarships,—one in the name of Delta Holloway, one in the name of Dorothy Witmer, one in the name of Sheri Rogers in an amount up to \$1500 each, in the name of Unitek Learning in an amount up to \$1500, and in the name of Molina Healthcare (in an amount up to \$5000).

## GENERAL INFORMATION

### Scholarship Eligibility

- Currently enrolled in an IHCA online (AL Administrator, Activity Director, or Dietary Manager) course or postsecondary educational institution & completed at least one semester/quarter in the program;
- maintain a “passing” grade (online courses) or cumulative grade point average of 3.0 overall or above (based on a 4.00 scale) or equivalent;
- demonstrate financial need; and
- is currently employed or volunteering in a long term care facility or home health, hospice, or home care agency.

### How to Apply for Scholarships

- Complete and submit an IHCA Foundation Scholarship application by the deadline established.
- Applications must be complete** to be considered & include:
  - proof of enrollment in a course of study for which the scholarship would apply;
  - Provide details of education plan, including:
    - name of school;
    - name of program;
    - intended dates of attendance;
    - expected graduation date;
    - total cost of program; and
    - estimate annual cost of study in your field (tuition, fees, books)
- description of impact the Foundation scholarship may have for you;
  - are you receiving any other scholarships or financial aid.
- describe three [3] career goals & how you intend upon accomplishing them;
- personal statement of commitment to long term care...what keeps you working in long term care;
- work history/experience;
- description of participation in community service activities.
- 2 letters of support from program faculty, work supervisor or other familiar with work performance **mailed direct to IHCA by the authors:**
  - How do you know or interact with the nominee?
  - Why you believe this applicant is a worthy recipient of scholarship
  - How does this applicant demonstrate a work ethic and regular progress toward a degree specifically related to caring for the elderly and/or disabled?

Applicant may be asked to participate in an interview with the IHCAF Scholarship Selection Committee.

### **ONLY ONE APPLICATION IS NEEDED TO COMPETE FOR THESE SCHOLARSHIPS.**

*Students are only eligible to apply for 1 scholarship from the IHCA Foundation per academic year. If multiple applications are submitted, they will not be reviewed by the scholarship selection committee.*

### **APPLICATION INFORMATION AND DEADLINES:**

Applications for the IHCAF Scholarship may be obtained from the IHCAF address below or online at:  
<http://www.idhca.org/about/ihca-foundation/>

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**Only complete application packages will be reviewed.** Please complete the application form and fully answer the points listed. At the end of your application, please provide a date and signature after this statement "I certify that my answers are true and complete to the best of my knowledge and if I am awarded a scholarship, I understand funds will be disbursed directly to the institution of my choosing and I agree to cooperate with IHCAF requests for information regarding the use of the scholarship monies."

Idaho Health Care Association Foundation  
13945 W Wainwright Dr, Suite 101  
Boise, ID 83713

Phone (208) 343-9735 – Fax (208) 342-6891 – e-mail: [monica@idhca.org](mailto:monica@idhca.org)

**All application materials must be postmarked by May 31, 2021.**

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Are you a U.S. citizen or documented permanent resident of the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
<b>High School</b>		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
GPA			
<b>College</b>		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
GPA			
<b>Other</b>		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
GPA			

### IHCA ONLINE COURSE YOU WILL / HAVE COMPLETED IN 2019 (CIRCLE ONE)

Activity Director      AL Administrator      Nutrition & Foodservice Professional (aka Dietary Manager)

### COLLEGE, UNIVERSITY, OR SCHOOL YOU WILL ATTEND DURING THE 2020-2021 ACADEMIC YEAR

Name	Mailing Address
Student #	

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Please address the following points using the format below.

<b>1. Attach proof of Enrollment</b>	
<b>2. Detail your education plan</b> in a course of study for which the scholarship would apply.	Name of school:
	Name of program:
	Intended dates of attendance:
	Expected graduation date
	Total cost of program:
	Detail the estimated annual cost of study in your field (tuition, fees, books.)

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<b>3. Describe your current financial need.</b>	What is the impact the Foundation scholarship may have for you.
	Are you receiving any other scholarships or financial aid? If yes, please describe.
<b>4. Describe three [3] career goals &amp; <u>how you intend upon accomplishing them.</u></b>	Goal #1:
	Goal #2:
	Goal #3:

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<p><b>5. Make a personal statement of commitment to long term care...</b></p>	<p>What keeps you working in long term care?</p>
<p><b>6. List (or attach) work history and experience.</b></p>	
<p><b>7. Describe participation in community service and/or community activities.</b></p>	

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**8. Request 2 signed letters of support from program faculty, work supervisor or others familiar with your work performance, mailed directly to IHCA by the authors.**

- How do you know or interact with the nominee?
- Why you believe this applicant is a worthy recipient of scholarship?
- How does this applicant demonstrate a work ethic and regular progress toward a degree specifically related to caring for the elderly and/or disabled?

"I certify that my answers are true and complete to the best of my knowledge and if I am awarded a scholarship, I understand funds will be disbursed directly to the institution of my choosing and I agree to cooperate with IHCAF requests for information regarding the use of the scholarship monies."

Signature: \_\_\_\_\_

Date: \_\_\_\_\_