

**DELTA HOLLOWAY | DOROTHY WITMER | SHERI ROGERS | DIANA CULLIN | SUE LINJA
SCHOLARSHIP APPLICATION**

This announcement contains the information and instructions needed to apply for
Idaho Health Care Association Foundation (IHCAF) Scholarships

General Information

- IHCAF will award five scholarships, one in the name of each of the following individuals: Delta Holloway, Dorothy Witmer, Sheri Rogers, Diana Cullin, and Sue Linja.
- **Only one application submission is required to compete for all five scholarships listed.**
- Students are allowed to submit only one scholarship application per academic year.
- If multiple applications are received, they will not be reviewed by the selection committee.
- **All application materials must be received or postmarked no later than May 15, 2024.**
 - **Mail to: IHCA—13945 W Wainwright Dr, Suite 101—Boise, Idaho 83713**
 - **Email to: admin@idhca.org (Please put 'SCHOLARSHIP APPLICATION' in the subject line)**

Scholarship Eligibility

- Must be currently enrolled in an IHCA online course (AL Administrator, Activity Director, or Dietary Manager) or at a post-secondary educational institution and have completed at least one semester/quarter in the program.
- Must maintain a passing grade (IHCA online courses) or a cumulative grade point average of 3.0 or above (based on a 4.00 scale).
- Effectively describe/demonstrate financial need in application document.
- Must be 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 shown above.
- Application form must be completed in its entirety (with attachments) in order to be considered.
- Proof of enrollment in a course of study for which the scholarship would apply
- Details of your Educational Plan, including the following:
 - Name of school
 - Name of program
 - Intended dates of attendance
 - Expected graduation date
 - Total cost of program
 - Estimated annual cost of study (tuition, fees, books)
 - Written description of the impact a Foundation scholarship might make for you
 - Information about any other scholarships or financial aid you are receiving
 - Written description of three (3) career goals and how you intend to accomplish them
 - Personal statement of commitment to long term care (what keeps you working in long term care)

- Work history and experience
- Written description of your participation in community service activities
- One letter of support from program faculty, work supervisor, or other professional who is familiar with your work performance.
- **The letter of support must be mailed or emailed directly to IHCA from the author of the letter (not the student) and include the following:**
 - How do you know or interact with the nominee?
 - Why do you believe this applicant is a worthy recipient of scholarship?
 - How does this applicant demonstrate a good work ethic and regular progress toward his/her educational degree, specifically related to caring for the elderly and/or disabled?
- **NOTE:** Application finalists may be asked to participate in an interview with the IHCAF 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/>
- Only complete application packages will be reviewed. Multiple submissions will not be considered.
- Please complete the application form and fully answer all questions.
- Sign and date the application, attesting to completeness, accuracy, and acceptance of terms.
- **All application materials must be received or postmarked by May 15, 2024.**

IHCA Foundation Scholarship Application

13945 W Wainwright Dr, Suite 101

Boise, ID 83713

Phone (208) 343-9735 – Fax (208) 342-6891 – Email: admin@idhca.org

APPLICANT INFORMATION											
Last Name				First				M.I.	Date		
Street Address							Apt/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, please explain						
EDUCATION											
High School				Address							
From	To			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
GPA											
College				Address							
From	To			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
GPA											
Other				Address							
From	To			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
GPA											

WHICH IHCA ONLINE COURSE(S) HAVE YOU COMPLETED OR WILL BE COMPLETED IN 2024? (CIRCLE)

Activity Director AL Administrator Nutrition and Foodservice Professional (Dietary Manager)

COLLEGE, UNIVERSITY, OR SCHOOL YOU WILL ATTEND DURING THE 2024-2025 ACADEMIC YEAR

Name		Mailing Address	
Student #		Email Address	

PLEASE COMPLETE THE FOLLOWING:

1. Attach a document that shows Proof of Enrollment.

2. Describe the details of your education plan and the course of study for which the scholarship would apply, in the fields below.

Name of school:	
Name of program:	
Intended dates of attendance:	
Expected graduation date:	
Total cost of program:	
Provide a detailed summary of the estimated annual cost of study in your field (tuition, fees, books):	

3. Describe your current financial situation and need in the space below. Add additional sheets if desired.

What is the impact a Foundation Scholarship might make for you?

Are you receiving any other scholarships or financial aid? If yes, please describe.

4. Describe three (3) career goals and how you intend to accomplish them in the fields below.

Goal #1:

Goal #2:

Goal #3:

5. Include a personal statement describing your commitment to long-term care in the space below. Feel free to add additional sheets if desired.

What motivates you and keeps you working in long term care?

6. List (or attach) your work history and description of your experience.

7. Describe your participation in community service and/or community activities.

8. Request two (2) signed letters of support from program faculty, work supervisors, or others familiar with your work performance. Letters must be **emailed or mailed directly to IHCA by the author of the letter (not the student) and should address the following:**

- How do you know or interact with the nominee?
- Why do 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 I **understand that any funds awarded will be disbursed directly to the institution of my choosing.** I further agree to cooperate with any IHCAF requests for information regarding the use of the scholarship monies.

Student Printed Name: _____

Signature: _____ **Date:** _____

Committee Review Date and Award Decision: _____