

**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 June 1, 2025.**
 - **Mail to: IHCA—13945 W Wainwright Dr, Suite 101—Boise, Idaho 83713**
 - **Email to: dana@idhca.org (Please put 'SCHOLARSHIP APPLICATION' in the subject line)**

Scholarship Eligibility

- Must be accepted or currently enrolled in a post-secondary educational institution or program or want to enroll in an IHCA online course (AL Administrator, Activity Director, SNF AIT or Dietary Manager).
- Effectively describe/demonstrate financial need in application document.
- Preference will be given to those currently employed or volunteering in a long-term care facility, 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) 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 a program faculty, work supervisor, or other professional who is familiar with your work performance.
- **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 online at: <https://www.idhca.org/other-resources/scholarships/>
- Only complete application packages will be reviewed. Multiple submissions will not be considered.
- Please complete the application form and fully answer all questions. Points will be given for each question answered.
- Sign and date the application, attesting to completeness, accuracy, and acceptance of terms.
- **All application materials must be received or postmarked by June 1, 2025.**

IHCA Foundation Scholarship Application
13945 W Wainwright Dr, Suite 101
Boise, ID 83713
Phone (208) 343-9735 – Email: dana@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				
College					Address					
From	To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other					Address					
From	To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

WHICH IHCA ONLINE COURSE(S) ARE YOU INTERESTED IN TAKING (CIRCLE)

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

OR WHICH COLLEGE, UNIVERSITY, OR SCHOOL YOU WILL ATTEND DURING THE 2025-2026 ACADEMIC

Name		Mailing Address	
Student #		Email Address	

PLEASE COMPLETE THE FOLLOWING:

1. Attach a document that shows Proof of Enrollment, if you are already in school.

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) or cost of course:	

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. How do you help people in your community.

8. One signed letter of support from a program faculty, work supervisors, or others familiar with your work performance

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: _____