MASSACHUSETTS SENIOR CARE FOUNDATION

2013 SCHOLARSHIP PROGRAM APPLICATION REQUIREMENTS

Since 1985, the Massachusetts Senior Care Foundation's annual scholarship program has assisted long term care staff in meeting their personal and professional goals through furthering their education. Candidates may apply for up to $2,000 to support tuition, fees, books, childcare, or other indirect expenses that will help them obtain their intended degree.

Who Can Apply?

Eligible applicants must:

- be *currently* employed by a long term care facility or assisted living residence in Massachusetts
- have worked in long term care for at least one year
- have received above average performance evaluations from their supervisors
- be pursuing licensure, certification, or an advanced degree in a field related to long term care.
- be currently enrolled, accepted or waiting acceptance from an accredited program. *Please note that an individual whose program of study finishes in the 2013 spring semester is not eligible to apply for a 2013 Foundation scholarship.*

Prior Foundation Scholars may apply for one additional scholarship, provided they meet all the eligibility criteria and application requirements, and have returned the required Expenditure Form from their prior scholarship.

Required Components of Application

- **Application Form:** Candidates must complete the application form (page 2).
- **Personal Essay:** On a separate sheet of paper, applicants must write a short essay of approximately one page describing their background and career goals. (A more specific description of the essay requirements is provided on the form.)
- **Recommendation Requirements:**
  - Candidates must ask their **immediate supervisor** to complete the *Supervisor Recommendation Form* included in the application (page 3).
  - In addition to the Supervisor Recommendation Form, candidates must also include a separate letter of recommendation from their immediate supervisor.
  - The employer facility's administrator/executive director must sign off at the bottom of the *Supervisor Recommendation Form* in order for the application to be considered complete (page 3).
- **Proof of Enrollment/Acceptance:** Candidates must submit proof of acceptance into an accredited program or, if they are currently enrolled in school, a copy of their most recent transcript. Candidates who are awaiting acceptance into an accredited program must submit a copy of their school application and indicate the expected acceptance date.

Application materials, including recommendations, must be received by Mass Senior Care no later than 4:00 pm on Friday, April 19, 2013.

2310 Washington Street, Suite 300 Newton, MA 02462 Tel: 617.558.0202 Fax: 617.558.3546
www.maseniorcarefoundation.org

MASSACHUSETTS SENIOR CARE FOUNDATION

2013 SCHOLARSHIP PROGRAM APPLICATION

*For fair consideration, please **type*** or **print** legibly.*

Name_____
First Name *Middle Name or Initial* *Last Name*

Home Address_____
Street *Apt.#*

City/Town _____ State _____Zip_____

Preferred Telephone Number (_____)_____ E-mail _____

Place of Employment_____
Facility/Residence Name

Employer City/Town_____

Current Position_____

Years in Current Position _____ Number of Years in Long Term Care _____

Educational Institution_____

Expected Degree or License* ☐ RN-BSN ☐ LPN
☐ RN-AD ☐ Other (please specify)_____

**RN-BSN = Bachelor of Science in Nursing · RN-AD = Associate Degree in Nursing · LPN = Licensed Practical Nurse*

Date of Enrollment: *Month*_____ *Year*_____ Expected Date of Completion: *Month*_____ *Year*_____

Annual Cost of the Program *(Tuition, Books, etc.)* $_____

Have you previously received a Foundation scholarship? ☐ No ☐ Yes _____
If yes, please give year

Applicant Signature_____

By signing this form I, the applicant, authorize the release of all application material, and consent to the reproduction, use and distribution of photographs of my likeness, to the Massachusetts Senior Care Foundation for the purpose of publicity. If selected, I agree to provide updates on my educational career advancement upon request.

1. **Essay:** On a separate sheet, please write a one page essay (**typed or legibly written in ink**) describing your personal background, why you chose a career in long term care and what your career goals are in long term care**.** A 2012 Foundation Scholar may submit an update describing their experiences and progress over the past year in place of the essay.

2. **Proof of Acceptance/Enrollment:** You must submit a letter or other proof of acceptance into an accredited program or, if currently enrolled, a copy of your most recent transcript (an "official" copy is not required). If you are awaiting acceptance into an accredited program, please send a copy of your application and note the expected acceptance date.

3. **Supervisor Recommendation/Administrator Sign Off:** Your **immediate supervisor** must complete the attached Supervisor Recommendation Form, sign it, and write a separate letter of recommendation. Please note that **sign-off from your administrator or executive director is also required** at the bottom of the Supervisor Recommendation Form. The Supervisor Recommendation Form and letter of recommendation may be sent directly from your supervisor or administrator, or included with the application.

Application materials, including recommendations, must be received by Mass Senior Care no later than 4:00 pm on Friday, April 19, 2013.

Scholarship awards will be announced on June 7, 2013. If you have any questions about the scholarship program, please contact the Mass Senior Care office at 617-558-0202.

**If you have an older version of Adobe Reader, you may not be able to save this application form. Please print it out to include with your application materials.*

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2013 SCHOLARSHIP PROGRAM
SUPERVISOR RECOMMENDATION FORM

Name of Applicant_____

This application requires a letter of recommendation from the applicant's direct supervisor, completion of this form, and the facility's administrator's signature at the bottom of this form. To that end, please evaluate the candidate below and consider these characteristics in your separate letter of recommendation.

Satisfactory (1)→ → Excellent (4)

	1	2	3	4
Work Performance	●	○	○	○
Dependability	○	○	○	○
Initiative	○	○	○	○
Interaction with Residents/Patients	○	○	○	○
Interaction with Peers and Supervisory Staff	○	○	○	○
Capacity for Learning and Growth	○	○	○	○

Name of Immediate Supervisor_____

Title_____

Facility Name_____

Preferred E-mail _____Telephone Number (___)_____

Supervisor Signature_____

By signing this form, I, the supervisor, authorize the release of the information to the Massachusetts Senior Care Foundation for publicity purposes.

Name of Administrator/Executive Director_____

Signature of Facility Administrator/Executive Director approving this recommendation

_____

The application will not be considered complete without this signature.

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