MASSACHUSETTS SENIOR CARE FOUNDATION

CARE ONE TRUST IN OUR CARE

2019 Platinum Sponsor

2019 FOUNDATION SCHOLARSHIP PROGRAM APPLICATION REQUIREMENTS

Scholarships from $500 to $2,000 will be awarded to selected applicants to help cover direct, out of pocket expenses for tuition, fees, books, and supplies during the 2019 calendar year. These expenses can only be submitted if not covered by other forms of payment, such as financial aid or grants. School loans will be considered as an authorized expenditure. Awardees will receive the scholarship award in two installments and are required to complete a scholarship expenditure form documenting how they spent their full scholarship award prior to receiving their second installment.

Who Can Apply?

You can apply for a 2019 Foundation Scholarship if you:

- are *currently* employed by a Massachusetts Senior Care Association member nursing facility, residential care facility, certified assisted living residence or continuing care retirement community and have worked in one of those settings for at least one year
- have received above average performance evaluations from your supervisor
- are pursuing licensure, certification, or an advanced degree in a field directly related to careers in a licensed nursing facility, residential care facility, certified assisted living residence or continuing care retirement community
- are currently enrolled or accepted into an accredited program or pre-requisite course(s) during the 2019 calendar year (January 2019 through December 2019)

If you have questions about your eligibility, please contact Denise DeSimone at ddesimone@maseniorcare.org.

Please note: prior Foundation Scholars are not eligible to apply for a 2019 Foundation Scholarship.

Required Components of Application

1. Completed Application Form ***signed*** by Facility Administrator/Executive Director
2. Personal Essay
3. Recommendation Requirements: To be completed by your direct supervisor or manager
   a) Supervisor Evaluation Form
   b) Supervisor Letter of Recommendation
4. Proof of Enrollment/Acceptance: You must submit a letter of acceptance into an accredited program or pre-requisite course(s), or if currently enrolled, a copy of your most recent transcript (an "official" copy is not required).

The application and all required components ***must be*** submitted in ***one packet*** by postal mail, fax, or email. All application materials ***must be received by Mass Senior Care Foundation no later than 4:00 pm on Wednesday, May 22, 2019. Incomplete or late applications will not be reviewed or considered.***

Send application materials to:
Denise DeSimone
Mass Senior Care Foundation
800 South Street, Suite 280
Waltham, MA 02453
Fax: 617-558-3546 Email: ddesimone@maseniorcare.org

Scholarship awards will be announced during the week of July 22, 2019. For further information, please contact Denise DeSimone via email or phone at 617-558-0202.

2019 FOUNDATION SCHOLARSHIP PROGRAM APPLICATION FORM

*please **type*** or ***print*** legibly.*

Name_____
First Name *Middle Initial* *Last Name*

Home Address_____
Street *Apt. #*

City/Town _____ State _____Zip_____

Preferred Telephone Number (_____) _____ E-mail _____

Primary Place of Employment_____
Facility name of your primary place of employment if you work at more than one facility

Employer Street Address_____

Employer City/Town_____

Current Position_____

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

Educational Institution where you are enrolled or have been accepted_____

Expected Degree or License (please check)

☐ Bachelor of Science in Nursing (BSN) ☐ Associate Degree in Nursing (ADN) ☐ Licensed Practical Nurse (LPN)

☐ Other (please specify) _____

☐ Pre-requisite Course(s) (please list course title(s)) _____

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

Annual Cost of the Program *(Tuition, Fees, and Books,)* $_____

Applicant Signature_____

By signing this form, I the applicant, if awarded a scholarship, authorize the release of all application materials, and consent to the reproduction, use and distribution of photographs of my likeness, to the Massachusetts Senior Care for the purpose of publicity and agree to provide updates on my educational status upon request.

Signature of Facility Administrator/Executive Director

Print name _____

Signature _____

For further information, please contact Denise DeSimone via email ddesimone@maseniorcare.org or phone 617-558-0202.

2019 FOUNDATION SCHOLARSHIP PROGRAM

ESSAY

Essay Instructions: Utilizing the space below, or a separate sheet of paper, please write an essay (typed or legibly written in ink) that addresses the questions below.

1. Drawing on your personal background and experience, what led you to a career in long term care?

2. What are your career goals in long term care?

2019 FOUNDATION SCHOLARSHIP PROGRAM
SUPERVISOR EVALUATION AND LETTER OF RECOMMENDATION FORM

Name of Applicant_____

This application requires completion of this **evaluation form** and a **letter of recommendation** from the applicant's direct supervisor or manager. To that end, please evaluate the applicant with respect to the criteria listed below:

	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	☐	☐	☐	☐

Letter of Recommendation: In your separate letter of recommendation, please describe why you believe this applicant has the skills, attitudes, and commitment to achieve their professional goals.

Name of Direct Supervisor or Manager_____

Title _____

Facility Name _____

E-mail _____ Telephone Number _____

Supervisor Signature _____

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