

Instructions (cont.)

Eligibility Rules For Nominees

1. **12 Month Rule:** The applicant must have been a full- or a part-time employee of a NYSHFA/NYSCAL member facility for at least *twelve months* prior to date of application.
2. The employee must show proof that s/he is currently enrolled and participating in an accredited educational institution, or plans to begin or continue his/her studies in the Fall semester. **The course of study must be in the health care field and related to the student's occupation.**
3. NYSHFA/NYSCAL expects that, upon successful completion of the course of study, scholarship recipients will work in a long-term health care facility for at least one year.
4. Each application must be completely filled in and signed by the employee, the immediate supervisor **and** the facility administrator. Letters of recommendation must be included.
5. A scholarship winner may not receive an award in consecutive years and may not receive more than two scholarships.
6. Scholarship applications are received and judged at the District level. DO NOT mail completed applications to NYSHFA/NYSCAL in Albany. Give applications to the facility administrator.

Scholarship winners must be selected in the calendar year with notification due to NYSHFA/NYSCAL before May 31, 2018.

2018 SCHOLARSHIP APPLICATION PACKET

For The Career-Minded



**New York State Health Facilities Association
New York State Center for Assisted Living**
33 Elk Street, Suite 300, Albany, NY 12207-1010
Phone: (518) 462-4800 Ext. 23 | Fax: (518) 426-4051
Email: joconnor@nyshfa.org | Website: www.nyshfa.org

2018 Scholarship Program Application Packet

The New York State Health Facilities Association/New York State Center for Assisted Living (NYSHFA/NYSCAL) sponsors a Scholarship program to provide financial help to the career-minded who are working in health care facilities that are members of NYSHFA/NYSCAL. Each District winner receives a **\$750 Scholarship**.

Typical Jobs That People May Be Aiming For:

**Registered Nurse
Licensed Practical Nurse
Social Worker
Diet Technician
Certified Dietician
Activity Director
Certified Physical Therapy Assistant
Certified Occupational Therapy Assistant
Recreation Assistant**

**Note to Administrators:
Forward Your Facility's Nomination(s) To Your District Organization. Contact your District President for the application deadline in your area.**

Instructions

How To Apply

Each District sets its own timeline for awarding scholarships. However, **NYSHFA/NYSCAL must be notified, in writing, of your award recipient(s) no later than May 31, 2018.** Applicants should give the application to their administrator who, in turn, sends the material to the area's District President.

NYSHFA/NYSCAL districts can award up to two regular scholarships for \$750 EACH. The Association will subsidize two-thirds of EACH award. That is, \$500 from NYSHFA/NYSCAL; \$250 from the district for each scholarship. Scholarships may not be combined into one award.

Award checks from NYSHFA/NYSCAL will be made payable directly to the scholarship recipient, and mailed to the district organization for presentation.

Supplemental Scholarships

NYSHFA/NYSCAL will also award Supplemental Scholarships *IF* scholarship funds are still available after the deadline (end of September) has passed for submitting nominations. The requirements for a district to be eligible for a Supplemental Scholarship are:



1. If a district awards two regular Scholarships by the end of September, the district may submit, at the same time, up to two (2) Supplemental Scholarship selections. Supplemental awards will total \$750 for each Scholarship.
2. NYSHFA/NYSCAL must receive all scholarship applications, Regular and Supplemental, by May 31, 2018.

(continued on p. 4)

NYSHFA NYSCAL

New York State Health Facilities Association New York State Center for Assisted Living

2018 SCHOLARSHIP APPLICATION

Part I

Name of Applicant: _____

Facility where employed: _____

Address: _____

Are you employed (*check appropriate spaces below.*)

Full time: ___ Part time: ___ % Part time: _____ Years of service: _____

What is the title or nature of your job?

Have you ever won a NYSHFA Scholarship at this or another facility?

Yes _____ No _____ When _____

Part II

Please check the status of your current enrollment, or planned enrollment, in an accredited educational institution and in a program related directly to healthcare and your career:

Currently enrolled at: _____

or

Planning to enroll at: _____ this Fall.

Course of Study: _____

Please attach proof that you are currently enrolled in an accredited educational institution, or a letter of acceptance from the institution, concerning your plans to enroll in the Fall of this year.

Anticipated Degree in: _____

When Expected: Year: _____ Month: _____

Over ...

Part III

In at least 300 words, but not more than two pages, typewritten, please indicate what the phrase "I Make A Difference" means to you as it applies to residents of nursing homes and the overall image of nursing homes in your community. Attach your essay to this application and attach two letters of reference. One from the Administrator and another, non-personal reference, from the applicant's department head.

Part IV

Applicant's Signature _____

Date _____

Administrator's Signature _____

Date _____

Supervisor's Signature _____

Title _____ Date _____

Note To Administrator

Please forward application to your District Organization. Contact your District President for the scholarship application deadline in your area.

Note To Applicant: Be Timely.

Give your completed application to your administrator. Only two scholarships will be awarded in each chapter of NYSHFA and there will be many applications.

Sponsored by

New York State Health Facilities Association
New York State Center for Assisted Living
33 Elk Street, Suite 300, Albany, NY 12207-1010
Phone: (518) 462-4800 Ext. 23 / Fax: (518) 426-4051
Email: joconnor@nyshfa.org / Website: www.nyshfa.org