



NURSE ADVANCEMENT SCHOLARSHIP APPLICATION

To assist licensed RNs and/or LPNs who wish to complete training/certification testing to enhance their capabilities and practice their skills in the long-term care profession, the Nebraska Health Care Foundation will award three (3) \$500 nurse advancement scholarships at the Nebraska Nursing Facility Association/Nebraska Assisted Living Association Spring Convention Awards Ceremony on Wednesday, April 27, 2016, in Kearney. This scholarship is exclusively for nurse certification advancement. Programs of study may include, but are not limited to, gerontology, Executive Nurse Leader, Nurse Leader, American Nurses Credentialing Center, American Association of Long-Term Care Nurses, American Association of Nurse Assessment Coordination, and LPN-C. Applicants that meet criteria for another NHCF scholarship will not be considered. Scholarship applicants must:

1. Be enrolled or eligible to enroll in desired program.
2. Be presently employed in a NNFA/NALA member facility.
3. Use the scholarship funds by March 31, 2017.
5. Be a licensed R.N. or LPN able to practice in Nebraska.
6. Pledge that, upon successful completion of the course, they will practice their new skills in a NNFA/NALA member facility for a minimum of one year.

Please complete the application form and give the enclosed recommendation forms to TWO references: the administrator of the NNFA/NALA member facility where you are presently employed and the director of nursing or a professional colleague at the same facility. Recommendation forms must be submitted to NHCF along with the completed application by **March 4, 2016**. Incomplete applications will not be considered.

PLEASE PRINT OR TYPE

Name: _____ Credentials: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email (required): _____

Facility where employed: _____

Length of employment in a LTC facility: _____

Position at facility: _____

Have you been accepted into your desired program of study? _____ Yes _____ No

If yes, please provide confirmation of your enrollment. If no, when and where do you intend to receive your instruction? _____

Please indicate what type of training/program you plan to complete: _____

(Form continued on next page)

Please provide a description of how the training will benefit your long-term care career. _____

Have you had any other special training or instruction related to long-term care? If so, please explain:

Have you ever worked as a volunteer in long-term care? If so, please explain: _____

Describe your interest in long-term care including how you became interested in the profession and related experiences. _____

Please describe your future professional plans in the health care field and your commitment to the long-term care area:

If you are awarded a scholarship, do you pledge to practice your skills in a NNFA/NALA member facility for at least one year after completing the specified course of instruction?

_____ Yes

_____ No

RETURN THIS APPLICATION AND THE RECOMMENDATION FORMS BY MARCH 4, 2016 TO:

Nebraska Health Care Foundation
1200 Libra Drive Suite 100
Lincoln, NE 68512

(Signature)

(Date)



RECOMMENDATION FORM

SCHOLARSHIP FOR PERSONS INTERESTED IN NURSE CERTIFICATION WITH A COMMITMENT TO LONG-TERM CARE

The Nebraska Health Care Foundation will award three (3) \$500 nurse advancement scholarships to assist licensed RNs or LPNs who wish to complete training/certification testing to enhance their capabilities and practice their skills in the long-term care profession. Recipients must pledge that, upon successful completion of the course, they will practice their nursing skills in a NNFA/NALA member facility for a minimum of one year. Scholarship recipients will be announced at the NNFA/NALA Spring Convention Awards Ceremony, April 27, 2016, in Kearney.

**Please place completed form in a *sealed* envelope and return it to the applicant.
Applicant's deadline is March 4, 2016**

**ALL RECOMMENDATIONS WILL BE KEPT CONFIDENTIAL
PLEASE PRINT OR TYPE**

Name of applicant _____

Name of reference _____

Address/City/State/Zip of reference _____

Phone number of reference _____ Email of reference _____

Position of reference _____

How long have you known the applicant? _____

What is your relationship to the applicant? (Administrator, DON, etc.) _____

How would you rate the applicant on the following (check each category):

	LOW	AVERAGE	HIGH	NO OPINION
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to Residents' Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Long-Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Customer Service Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach a brief statement, **on a blank page or the back of this form**, describing why you believe this applicant would be a worthy recipient of a Nebraska Health Care Foundation Scholarship.

(Signature)



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