

# Home Care Research and Education Foundation

## APPLICATION FORM

The Home Care Research and Education Foundation Scholarship has been established to encourage home care workers to pursue careers in nursing or therapy. The scholarship fund's purpose is to address the shortage of home care nurses and therapists in our state, to increase opportunities for home care workers, and to assure high caliber care at home. Each member agency of the Missouri Alliance for Home Care may submit one application each year for this scholarship of up to \$1,000.

**PLEASE BE SURE TO FILL OUT ALL PARTS OF THIS FORM**  
**Only completed applications will be considered.**

### Home Care Worker Applicant:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

School **term and year** for which application is made: \_\_\_\_\_

Scholarship Applicant is currently enrolled or has been accepted to:

\_\_\_\_\_  
Name of Accredited School

Have you applied for or received other financial assistance including employer contributions?

Yes  No

If yes, please specify what type and amount of assistance. \_\_\_\_\_

\_\_\_\_\_  
Sponsoring Agency:

MAHC Member Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

The selection committee will choose the scholarship winners with criteria that include motivation to become a nurse or therapist, letters of support, and the strength of the application. To be eligible for the scholarship the applicant must be accepted by or enrolled in an accredited school of nursing (RN or LPN) or therapy (PT, OT, Speech) in Missouri or contiguous states, currently employed by a member agency of the Missouri Alliance for Home Care, and must have a minimum of one year of home care experience. Application deadline is April 1st.

Scholarship checks are written to the school upon presentation of a term bill with a balance due, or other bills for costs directly related to educational expenses.

Your narrative is of primary importance in helping the selection committee make their decision. You may use as much space and additional pieces of paper as you like.

Home Care Worker Narrative:

I would like to become a nurse or therapist because....

Sponsor Narrative:

I would like to nominate this home care worker for a scholarship because...

Sponsor Name \_\_\_\_\_

Title \_\_\_\_\_

Agency \_\_\_\_\_

Is the applicant: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ PRN \_\_\_\_\_

Date of Employment \_\_\_\_\_ Current Position \_\_\_\_\_

**Submit with application:**

- *Documentation verifying the student will be attending the school indicated in the year noted on page one of the application.*
- *Applicant's narrative describing the reasons for wanting to become a nurse or therapist.*
- *Sponsor's narrative in support of the scholarship application.*
- *Other letters of support from co-workers or the community. Additional letters of support are strongly encouraged to assist the Selection Committee.*

APPLICATION DEADLINE APRIL 1, 2008
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Mail all applications to:      The Home Care Research and Education Foundation  
2420 Hyde Park Road, Suite A  
Jefferson City, MO 65109

*For questions, contact Ann Bickel at 573-634-7772 or by email at [ann@homecaremissouri.org](mailto:ann@homecaremissouri.org)*