

# SCHOLARSHIP APPLICATION <sup>2021</sup> *Packet*

## APPLICATION FORM

### PART I

Applicant Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Facility Where Employed: \_\_\_\_\_

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

Are You Employed (check appropriate spaces below)  Full Time  Part Time \_\_\_\_\_ % Part Time \_\_\_\_\_ Years of Service

Have you ever won a NYSHFA | NYSCAL 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: \_\_\_\_\_

Planning to Enroll at: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Please attach proof that you are ACTIVELY 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: \_\_\_\_\_

### 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 skilled nursing or assisted living facilities and the overall image of skilled nursing or assisted living facilities in your community.

ATTACH YOUR ESSAY TO THIS APPLICATION AND ATTACH TWO LETTERS OF REFERENCE

- One from the Administrator
- One from a non-personal reference (from the applicant's department head)

- continued on reverse side -

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### PART IV

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

### NOTE TO THE ADMINISTRATOR:

- Please forward application to your REGION ORGANIZATION.
- Contact your Region President for the scholarship application deadline in your area.

### NOTE TO APPLICANT:

- Give your completed application to your administrator.
- ONLY TWO scholarships will be awarded in each region of NYSHFA | NYSCAL and there will be many applications.

***Be Timely!***

*If you have questions regarding the program or the application process,  
please contact Joanne O'Connor 518.462.4800, Ext. 23*

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STAY CONNECTED!   

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NYSCAL