

SCHOLARSHIP APPLICATION ²⁰²⁴ *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)

SCHOLARSHIP APPLICATION 2024

Packet

APPLICATION FORM

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*

NYSHFA-NYSCAL.ORG

STAY CONNECTED!   

NYSHFA
NYSCAL