



Must be postmarked by August 15, 2012

LeadingAge Washington
2012 - 2013 Educational Scholarship Application
"Nursing & other LTC support staff"

I. PERSONAL INFORMATION

Name
Current Job Title
Address
Phone Email
Administrator's Name:
Name of DNS or nurse supervisor:

II. REFERENCES

List two people (other than relatives) who will be submitting the Recommendation Form (Please Print)
Name: Email
Name: Email

III. PROGRAM OF STUDY

I have been accepted into the following program of study (check one):
___ Doctoral degree ___ Associate degree ___ Master's degree
___ LPN ___ Baccalaureate degree ___ Diploma
___ Other (specify)
Anticipated graduation date Name of Program Director
Name of School
School address
Professional licensures held (specify; i.e. RN#, state)

IV. EMPLOYMENT HISTORY

List employer, address, job titles and dates of employment for the last five years (most recent first):

1. _____

2. _____

3. _____

4. _____

V. EDUCATIONAL BACKGROUND

List schools attended from high school forward, address of school and approx. grade point average

1. _____
2. _____
3. _____
4. _____
5. _____

VI. ASPIRATION STATEMENT

In the space provided below or on a separate attachment, please provide a statement describing your reasons for wanting to enter the long term care field or to continue your long term care education, telling something of your own aspirations for service in this profession. Please include your Community and Volunteer activities. **Please limit response to no more than 100 words.**

VII. CAREER GOALS

In the space provided below or on a separate attachment, please describe how this scholarship will assist you in reaching your educational and career goals. **Please limit response to no more than 100 words.**

Please submit completed application form along with appropriate supporting documentation to:

Please mail to: LEADINGAGE WASHINGTON
1495 Wilmington Drive, Ste 340
DuPont, WA 98327

Recommenders' Form can be sent directly to the address above.

Please note: It is your responsibility to ensure that all materials are completed and submitted on time, even if another individual submits them on your behalf. Incomplete or late applications will not be considered. To check the status of your completed applications please call (253) 964- 8870.

I certify that the above information is correct.

Signature: _____ Date: _____

APPLICATION DEADLINE IS August 15, 2012

For additional information, contact

Bonnie Blachly, Director of Clinical Services

| bblachly@agingwa.org | Phone: (206) 817-2549 | www.agingwa.org |





RECOMMENDATION FORM FOR _____
Applicant's Name

This application must be postmarked no later than August 15, 2012. Please note that a late or incomplete Recommendation Form will disqualify the applicant.

Please print
Recommender's Name _____

Title _____ Email _____

Recommender's Signature _____ Date _____ Phone Number _____

Relationship to Applicant _____

How long and in what specific capacity have you known the applicant? _____

LeadingAge Washington's Educational Long Term Care Scholarship Program is committed to promoting professional development and lifelong learning opportunities for the staff working in LeadingAge Washington facilities. Having well educated and professionally developed staff is one approach to providing the best quality of care and quality of life for residents. The staff experience improved job/personal satisfaction. LeadingAge Washington is pleased to offer scholarships for students accepted into accredited and other evidence based programs. The scholarships will be awarded to students who exhibit one or more of the following attributes:

- Academic Achievement
- Healthcare Involvement
- Enthusiasm or passion for long term care services

Applicants to the LeadingAge Washington Scholarship are required to submit two (2) confidential references. Please complete this form, keeping in mind this applicant's qualification for the scholarship with regard to one or more of the qualities mentioned above.

INSTRUCTIONS: For each indicator, circle the number on the scale that best describes your experience with this applicant and make additional comments, if desired, in the space provided in each section. If you indicate that you are unable to assess the applicant on any trait, please note the reason. Feel free to attach additional pages as needed for further comments.

We appreciate your taking the time to complete this Recommendation Form on behalf of the applicant. If you have questions, please call Bonnie Blachly at (206) 817-2549 or email bblachly@agingwa.org.

A. PERSONAL ATTRIBUTES						
Indicators:	Exceeds expectations	Above average	Average	Below average	Does not meet expectations	Not applicable
• Demonstrates integrity and honesty	5	4	3	2	1	N/A
• Exhibits responsibility	5	4	3	2	1	N/A
• Works/learns effectively and professionally with classmates and instructors	5	4	3	2	1	N/A
• Evidence of leadership qualities	5	4	3	2	1	N/A
• Works well in groups (either classroom or clinical settings)	5	4	3	2	1	N/A
• Awareness of current nursing or long term care issues	5	4	3	2	1	N/A
Additional Comments:						
B. ACADEMIC AND/OR CLINICAL AND/OR WORKPLACE ACHIEVEMENT						
Indicators:	Exceeds expectations	Above average	Average	Below average	Does not meet expectations	Not applicable
• Demonstrates a commitment to achieving and maintaining good scholastic standing	5	4	3	2	1	N/A
• Demonstrates enthusiasm and compassion when providing patient care	5	4	3	2	1	N/A
• Provides individualized care for assigned patients	5	4	3	2	1	N/A
• Exhibits sensitivity when dealing with patients from a variety of backgrounds and circumstances	5	4	3	2	1	N/A
• Demonstrates a knowledge of policies and academic standards established by the nursing program / clinical workplace	5	4	3	2	1	N/A
• Demonstrates critical-thinking skills when problem-solving	5	4	3	2	1	N/A
• Demonstrates organization and time management skills	5	4	3	2	1	N/A
Additional Comments:						

C. COMMITMENT TO LEARNING						
Indicators:	Exceeds expectations	Above average	Average	Below average	Does not meet expectations	Not applicable
<ul style="list-style-type: none"> Actively pursues knowledge above and beyond requirements at school or work 	5	4	3	2	1	N/A
<ul style="list-style-type: none"> Has received previous academic or community awards / honors 	5	4	3	2	1	N/A
<ul style="list-style-type: none"> Is a receptive listener who shows interest in learning 	5	4	3	2	1	N/A
<ul style="list-style-type: none"> Participates in or leads nursing study or work site groups 	5	4	3	2	1	N/A
Additional Comments:						
D. OVERALL RECOMMENDATION						
Indicators:	Exceeds expectations	Above average	Average	Below average	Does not meet expectations	Not applicable
<ul style="list-style-type: none"> What is your overall recommendation of the applicant? 	5	4	3	2	1	N/A
	Without hesitation	Probably	Maybe	Probably not	Definitely Not	Unable to Assess
<ul style="list-style-type: none"> Based on your observations, would you recommend the applicant for a scholarship? 	5	4	3	2	1	N/A
Additional Comments: (attach additional pages as needed):						