



Richard J. Howard Scholarship for Nursing Offered by Ryan, Swanson & Cleveland PLLC

2012 - 2013 Educational Scholarship Application

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) v	who will be submitting the Recomme	endation Form (Please Print)
Name:	Email	
Name:	Email	
III. PROGRAM OF STUDY		
I have been accepted into the following	g 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 <u>five</u> years (most recent first):
List employer, address, job titles and dates of employment for the last <u>rive</u> years (most recent first).
1
2
3
J
4
4
V. EDUCATIONAL BACKGROUND
List schools attended from high school forward, address of school and approx. grade point average
1
2
3
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 nursing or to continue your nursing 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	
	a separate attachment, please describe how this scholarship will assist nd career goals. Please limit response to no more than 100 words.
-	
	Leading Age Washington 1495 Wilmington Drive, Ste 340 DuPont, WA 98327
Recommenders' Form can be sent	directly to the address above.
even if another individual submits	ity to ensure that all materials are completed and submitted on time, them on your behalf. Incomplete or late applications will not be your completed applications please call (253) 964- 8870
I certify that the above information	n 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 |

LeadingAge™ Washington



RECOMMENDATION FORM FOR		
	Applicant's Na	
This application must be postmarked no Recommendation Form will disqualify t	o later than August 15, 2012. Please note the applicant.	e that a late or incomplete
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 Richard J. Howard 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 a scholarship for students accepted into accredited and other evidence based programs. The scholarship 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 Richard J. Howard 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 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	
Actively pursues knowledge above and beyond requirements at school or work	5	4	3	2	1	N/A	
Has received previous academic or community awards / honors	5	4	3	2	1	N/A	
Is a receptive listener who shows interest in learning	5	4	3	2	1	N/A	
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
 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
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):