



7851 Metro Parkway, Suite 200, Bloomington, MN 55425  
952-854-2844 Toll Free 800-462-0024

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## 2010 SCHOLARSHIP APPLICATION

### **Purpose:**

The education scholarships funded annually by the Care Providers of Minnesota Foundation are designed to assist qualified persons who wish to further their education and practice within the field of older adult services. It is the Foundation's intention to encourage scholarship recipients to continue to work in older adult services although this is not a requirement.

**Eligibility for Hagemeyer Scholarship Funds (focused primarily on NURSING education):** Persons applying for the Care Providers of Minnesota Foundation scholarships **under this fund** must demonstrate that they are:

- Enrolled or accepted\* in an appropriate, accredited course of study leading to a career path in older adult services.
- Both, currently employed (full-time or part-time) by, and have worked for the past **twelve months** (prior to date of application) for, an older adult services facility, housing, or community member of Care Providers of Minnesota.

**Eligibility for Lemieux Scholarship Funds (focused primarily on continuing education for RNs):**

Persons applying for the Care Providers of Minnesota Foundation scholarships **under this fund** must demonstrate that they are:

- Enrolled or accepted\* in an appropriate, accredited course of study leading to advancement/enhancement in one's nursing career path in older adult services.
- Both, currently employed as an RN (full-time or part-time) by, and have worked for the past **twelve months** (prior to date of application) for, an older adult services facility, housing, or community member of Care Providers of Minnesota.

**Eligibility for Goldberg Scholarship Funds (focused on education OTHER THAN NURSING):**

Persons applying for the Care Providers of Minnesota Foundation scholarships **under this fund** must demonstrate that they are:

- Enrolled or accepted\* in an appropriate, accredited course of study leading to a career path in older adult services.
- Both, currently employed (full-time or part-time) by, and have worked for the past **twenty-four months** (prior to date of application) for, an older adult services facility, housing, or community member of Care Providers of Minnesota.

### **Timeline:**

July 16, 2010

Applications Due (Postmarked by July 16, 2010)

August 16, 2010

Scholarship Recipients Selected

September & October 2010

Scholarships Awarded to Recipients

*\* Award recipients will be required to show proof of enrollment in the education program before receiving funding.*

**Submission Requirements** (A **complete** application packet consists of):

- **Application Form** (Attachment A)
- **Employer References** (Attachment B & C)
  - One reference should come from the Administrator or an Executive in your current company of employment.
  - Another reference should come from a person in a more direct supervisory position - such as your department head or immediate supervisor.
- **Essay** (Attachment D) Typed, computer-generated or legible, with spelling and grammar checked for accuracy.

*\* NO STAPLES PLEASE*

**Mail your completed application forms to:**

Care Providers of Minnesota Foundation,  
Re: Scholarship Application  
7851 Metro Parkway, Suite 200  
Bloomington, MN 55425

*\* FAX SUBMISSIONS WILL NOT BE ACCEPTED*

***Important Note:***

***It is the responsibility of the applicant to ensure the submission packet is complete and that all recommendations are received by the Foundation. Applicants are advised to provide both references with an envelope in which to seal their confidential, completed form and to collect the references personally so that the submission packet is complete. If any one of these documents is missing or your information is incomplete, the application will be considered incomplete and will not be reviewed for a scholarship.***



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## APPLICATION FORM

Attachment A

**Information must be typed, computer-generated, or legible to be considered.**

**Forms are available online at [www.careproviders.org](http://www.careproviders.org).**

**You may type your information on a separate sheet and attach it;  
simply write "See Attached" on the form.**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
(Last) (First)

Permanent **home** address: \_\_\_\_\_  
(Include City, State & Zip) \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Facility phone: (\_\_\_\_\_) \_\_\_\_\_

Facility of employment: \_\_\_\_\_

Length of present employment: \_\_\_\_\_ Present Position: \_\_\_\_\_

Previous employment (list positions and dates of employment):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify your intended program of study: \_\_\_\_\_

Are you enrolled or accepted in an accredited educational institution? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

Identify any special training or course work you have had in related fields: \_\_\_\_\_  
\_\_\_\_\_

Identify any volunteer work in your community or facility *prior to or during* your current employment:  
\_\_\_\_\_  
\_\_\_\_\_

Have you applied for a Care Providers of MN Foundation Scholarship before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Have you received a Care Providers of MN Foundation Scholarship before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

**PLEASE PRINT SINGLE-SIDED & DO NOT STAPLE**







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## ADMINISTRATIVE RECOMMENDATION FORM

Attachment C

*To be completed by a person in an administrative or executive position – such as the Nursing Home Administrator, Housing Manager, Owner/Operator of the company.*

Care Providers of Minnesota Foundation, Inc. awards scholarships to persons qualified to enroll in an appropriate, accredited course of study leading to a career path in older adult services. We appreciate your recommendation in helping us select the recipients.

When complete, this form should be returned to the applicant (in a sealed envelope if you prefer) so that it can be included as part of a submission packet that must be postmarked by July 16, 2010.

### PLEASE TYPE OR PRINT ALL INFORMATION (Both Pages)

**May be provided as an attachment, if needed**

*All recommendations will be kept confidential.*

Name of Applicant: \_\_\_\_\_  
*(Last)* *(First)*

Your Name & Title \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Address (Include City, State, and Zip):  
 \_\_\_\_\_

Business Phone Number: (\_\_\_\_\_) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? (Examples: *Nursing Home Administrator, Owner/Operator*)  
 \_\_\_\_\_

How would you rate the applicant on the following, on a scale of 1-6, with 6 being high?

**Please circle your answer:**

		<u>Low</u>				<u>High</u>	
Sensitivity to customer needs	1	2	3	4	5	6	No opinion
Commitment to older adult services	1	2	3	4	5	6	No opinion
Ability to communicate effectively	1	2	3	4	5	6	No opinion
Leadership skills	1	2	3	4	5	6	No opinion/Not applicable
Team oriented	1	2	3	4	5	6	No opinion
Customer service skills	1	2	3	4	5	6	No opinion

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## SCHOLARSHIP APPLICATION ESSAY

Attachment D

In your own words, write and attach your responses to the following questions:

- Why did you choose older adult services as a career?
- What do you want to do with your life within the older adult services profession?
- How do you hope to impact the profession?
- Provide a specific example of when you positively impacted someone through the care or services you provided.
- Provide a specific example of when you became frustrated with a situation at work. What was the situation and how did you handle the situation and your feelings?

**Your response must be computer-generated, typed, or *legible* in order to be considered as complete.**

*(Use this form as your cover page.)*

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*(Applicant Signature)*

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*(Date)*

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