

Scholarship Program

Application Packet

Health Care Foundation of the Finger Lakes

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Thank you for applying for the Health Care Foundation of the Finger Lakes (HCFFL) Employee Scholarship.

The Foundation is pleased to be able to offer this opportunity to assist individuals currently working in the health care field who have service in the skilled nursing facility as their interim or ultimate career goal. **You are eligible for this award based on your facility's ongoing support of the Foundation and its goals**

NYSHFA District Award Application Packet

The New York State Health Facilities Association (NYSHFA) provides a scholarship for nursing facility personnel that we also encourage you to complete. That separate application is available from your administrator or personnel officer. Your participation in the NYSHFA District Scholarship award **does not** preclude participation in the HCFFL Scholarship Award.

HCFFL Scholarship Award Packet

The Health Care Foundation of the Finger Lakes sponsors a **Scholarship** program to provide financial help to the career-minded who are working in health care facilities that support the Foundation. Each applicant selected will receive a \$1,000 scholarship **payable to the school, college or university that she is attending.**

Upon re-application, each award is renewable for up to four years from the initial award date as long as the individual continues to be employed and her course of study is uninterrupted.

Scholarship Applicants

Typical jobs that are the focus of continuing education include but are not limited to those listed below—

Registered Nurse

Social Worker

Certified Dietician

Certified Physical Therapy Assistant

Recreation Assistant

Licensed Practical Nurse

Diet Technician

Activity Director

Certified Occupational Therapy Assistant

How To Apply

Scholarships will be awarded on a rolling basis until all available slots have been filled. The number of scholarship slots will vary depending on year to year interest in the program and demand from facilities.

Applicants may renew their scholarship in successive years simply by submitting their transcripts from the previous full year (not single semester) showing course work results of a **C** or better and a tuition invoice from their educational institution.

Scholarship Program



Eligibility Rules For Nominees

- 1 Employment Longevity**—The applicant must have been a full- or a part- time employee of a supporting facility working more than 16 hours per week for at least twelve months prior to date of application.
- 2** The employee must show proof that s/he is currently enrolled and participating in an accredited educational institution or plans to begin or continue his/her studies in the spring or fall semester.
- 3** Each application must be completely filled in and signed by the employee, the immediate supervisor and the facility administrator. Letters of recommendation must be included.
- 4** A scholarship winner must be willing and available for a personal interview by Foundation staff if requested.
- 5** All documentation must be reviewed and submitted by the facility administrator. Incomplete submissions will not be considered.

Instructions and Application Information

Thank you for applying for the Health Care Foundation of the Finger Lakes Employee Scholarship.

The Foundation is pleased to be able to offer this opportunity to assist individuals currently working in the health care field who have service in the skilled nursing facility as their interim or ultimate career goal.

The foundation will award a new \$1,000.00 scholarship for up to four years to successful applicants. The funds will be sent directly to the school or accredited program in the name of the awardee to be credited to their current tuition charges. To accomplish this, the applicant must submit a copy of their current tuition statement including contact information for bursar or registrar's office of the institution in which they are enrolled.

The Foundation intends to maintain its relationship with the award winner over the course of their study, up to four years. It is important to note that the awardee must meet the following conditions for continued support:

- Regardless of the size of the award, the Foundation will not provide funds in excess of the awardees current tuition charges.
- Ongoing support as noted above is subject to continued employment of the awardee at the same facility.
- The awardee cannot fail or withdraw from the program during any year in which support is given.

Awardees must indicate their intension to continue with their course of study for each successive year in which support is requested. At the time of their reapplication, the awardee must provide a letter of recommendation from their administrator or department head in addition to course information for the current and previous calendar year.

Note to Administrators and Directors of Nursing

Your standing in the long term care community and with your peers is an important ingredient in the success of this application. Your written recommendation, and in many cases verbal follow up with Foundation personnel, will be pivotal in the award decision process. Submission of this application attests to your knowledge of the character and competence of the applicant.

This award is intended to be a multi-year award and therefore the Foundation would like you to help us in promoting those individuals within your organization that you feel will most likely benefit from the award. Please be specific in describing the relationship and investment the applicant has with residents and the facility.

Scholarship Application



Part I

Name of Applicant	
Facility where employed	
Address	
Are you Employed	
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time <input type="checkbox"/> % Part time
Years of Service	
What is the nature of your job?	
Have you ever won an NYSHFA Scholarship at this or another facility?	
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, 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 health care and your career:

Currently Enrolled at	
OR This fall, I'm planning to enroll at	
Course of Study	
Anticipated degree in	
Expected	
Year	Month

Please attach proof that you are currently enrolled in an accredited educational institution, or a letter of acceptance from the institution, concerning your plans to enroll this year.

Part III

Attach two letters of reference; one from the Administrator, and another, non-personal reference, from the applicant's department head or supervisor (co-signed by the Department Head).

Part IV

Applicants Signature	Date
Administrators Signature	Date
Supervisors Signature	Date
Title	Date

Permission for release of information



Applicant information

Full Name
Mailing Address
E-mail Address
Program Concentration
Student ID Number

College/University/Program information

Name
Mailing Address

Contact billing information—Registrar/Burser

Name
Phone Number
E-mail Address

By signing this release, the undersigned gives the Health Care Foundation of the Finger Lakes permission to obtain information pertinent and consistent with it's objective of making direct tuition payment to the accredited institution on th student's behalf.

Signature

Date