

## LeadingAge Washington's 2024 Scholarship Program

**Purpose:** There is a growing demand for aging services and a shrinking workforce. The ability to provide quality services to seniors, in a compassionate and supportive environment, is highly dependent on a competent and dedicated workforce. LeadingAge Washington, therefore, provides scholarships for the purpose of attracting and retaining talent in the field of aging services.

**Funding:** Funding for the scholarship program comes from the generous support of our Community and Business members, including our Fundraisers and Dessert Dash held during our Annual Conference. These contributors value the promotion and professional development of people who care for or have the desire to care for our seniors.

### **Eligibility:**

**LeadingAge Washington \$1,000.00 Scholarship (minimum):** Any LeadingAge Washington member employee interested in providing care to seniors is eligible to apply. Potential applicants include those who are interested in RN/LPN programs, Dietary Programs, Maintenance Programs such as BOMI, Recreational Certificate and Degree Programs, HR, Accounting, Social Services such as BSW or MSW, etc. You must be attending an accredited school or program. A letter of acceptance into the school or program is required in order for the funds to be dispersed.

**Must be employed at the member community when committee determines award and funds are disbursed. We encourage employment for a minimum of 6 months after receiving scholarship awards.**

**Application Process:** Each applicant must submit a completed application by the deadline indicated on the application form. Incomplete applications will not be considered. Recommendation forms can be sent directly from the referring person or can be submitted with the application in a sealed envelope. References unsealed will not be accepted. You can check on the status of completion of your application by calling the LeadingAge Washington office.

**Scholarship Awards:** The scholarship recipients are determined by a committee of LeadingAge Washington providers, Community College or University Professors, and community members after review of all completed applications. Winners of the scholarships will receive their award at the Fall Leadership Conference. **Disbursement of scholarship funds will be made directly to the select school/program identified by letter of acceptance. Unused balances or unclaimed scholarships will revert back to the scholarship fund.**

*It is with great pleasure that LeadingAge Washington offers these awards to further the professional development of persons who have a passion and demonstrated commitment to serving seniors in member communities.*

Applications available at [www.leadingagewa.org/member-tools/scholarships/](http://www.leadingagewa.org/member-tools/scholarships/)

*Must be postmarked by August 2, 2024*

**LeadingAge Washington  
2024 Educational Scholarship Application**

*“Nursing & other LTC support staff!”*

**I. PERSONAL INFORMATION**

Name \_\_\_\_\_

Current Job Title \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Work Email \_\_\_\_\_

Personal Email \_\_\_\_\_

Administrator’s Name: \_\_\_\_\_

Name/Title of 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) \_\_\_\_\_

Student ID# \_\_\_\_\_

**IV. EMPLOYMENT HISTORY**

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

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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3. \_\_\_\_\_  
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4. \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**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.**

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ADVOCATE • EDUCATE • ENGAGE • INSPIRE

RECOMMENDATION FORM FOR \_\_\_\_\_  
Applicant's Name

This application must be postmarked no later than August 2, 2024. 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 communities. 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.

Please contact Laura Hofmann by email at [LHofmann@LeadingAgeWA.org](mailto:LHofmann@LeadingAgeWA.org), with any questions.

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

<b>C. COMMITMENT TO LEARNING</b>						
<b>Indicators:</b>	<b>Exceeds Expectations 5</b>	<b>Above average 4</b>	<b>Average 3</b>	<b>Below average 2</b>	<b>Does not meet expectations 1</b>	<b>Not applicable</b>
• <b>Actively pursues knowledge above and beyond requirements at school or work</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Has received previous academic or community awards / honors</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Is a receptive listener who shows interest in learning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Participates in or leads nursing study or work site groups</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional Comments:</b>						
<b>D. OVERALL RECOMMENDATION</b>						
<b>Indicators:</b>	<b>Exceeds Expectations 5</b>	<b>Above average 4</b>	<b>Average 3</b>	<b>Below average 2</b>	<b>Does not meet expectations 1</b>	<b>Not applicable</b>
• <b>What is your overall recommendation of the applicant?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Without hesitation</b>	<b>Probably</b>	<b>Maybe</b>	<b>Probably not</b>	<b>Definitely Not</b>	<b>Unable to Assess</b>
• <b>Based on your observations, would you recommend the applicant for a scholarship?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional Comments: (attach additional pages as needed):</b>						
_____						
_____						
_____						
_____						

**Mail completed and sealed recommendation forms to:**

LeadingAge Washington  
 Attn: Cassi Meritt  
 1102 Broadway, Suite 201  
 Tacoma, WA 98402