ELEVATE CHARITIES

SCHOLARSHIP APPLICATION

ABOUT THE SCHOLARSHIP

Elevate Charities is dedicated to elevating the condition and quality of life for members and participants of the senior healthcare community- employees, caregivers, family members, patients, and residents. The **Helping Our Heritage Scholarship Fund** gives employees in the senior-focused healthcare industry access educational resources that will further their clinical abilities to care for seniors. If you have a passion for senior-focused care and are interested in progressing your clinical career, the "Helping Our Heritage" Scholarship Program can provide the funds you need to grow in your profession. Whether you are interested in becoming a certified nursing assistant, a PTA/OTA or advancing your career in nursing or therapy, this scholarship program can help you get the education you need to make it happen.

Scholarships will be awarded quarterly. Application Deadline Dates:

1st Quarter – March 31st 2nd Quarter – June 30th
3rd Quarter – September 30th 4th Quarter – December 31st

Applications will be reviewed by a sub-committee of Elevate Charities and will be kept confidential.

Eligibility Requirements:

- Current employment at a facility in the senior-focused healthcare industry for at least one (1) year
- Working in skilled nursing or long term care facility to become a CNA, CNA-to-LVN, LVN-to-RN, or other nursing certification.
- Working in a skilled nursing or long term care facility in therapy as a PTA, OTA, or Therapy Aide wanting to get their degree in PT, OT or SLP or other therapy certification.
- Planning to continue working in the long term care industry

PART A

Type or Print Clearly

Name of Applicant: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Name of Operation Currently Employed by: _____

Operation Address: _____

City: _____ State: _____ Zip: _____ Current Position: _____

Years in current position: _____ Total number of years in senior-focused care: _____

Executive Director's Name: _____ Phone: _____

Email Address: _____

Name of Educational institution where you plan to obtain your education:

_____

What is your educational goal?: _____

Amount Requested: $_____

Breakdown of Amount Requested:

_____

_____

If awarded, who should the check be payable to (Applicant / Educational Institution):

_____

PART B

- On a separate sheet of paper, include a 250-300 word essay on what would make you a good candidate for the Elevate Charities Scholarship.

If I am awarded a scholarship, I pledge to work in the senior-focused healthcare industry throughout the term of the scholarship and for at least one (1) year after completing my course of study. **Initial here:** _____

You are required to submit a professional photo suitable for publishing with the application, in a jpeg format. If I am awarded a scholarship, I hereby give consent to Elevate Charities to utilize my name and photograph for the purposes of marketing and media releases. **Initial here:** _____ **Do not use my photo:** _____

I certify that all the information contained within this application is true and correct and consent to having Elevate Charities contact my employer and references as part of my qualification of this scholarship application. **Initial here:** _____

The following application must be completed in full with one or more recommendation letters prior to consideration by Elevate Charities. Missing information will disqualify an application. **Applications should be emailed or sent to:** Elevate Charities, Attention Dennielle de Heras, 29222 Rancho Viejo Road, Suite 127, San Juan Capistrano, CA 92675**. Email: ddeheras@ElevateCharities.org.**

For additional information or clarification, please call Elevate Charities at (888) 256-7220 or email: ddehers@ElevateCharities.org.

Applicants Printed Name: _____

Applicants Signature: _____ Date: _____

Check List:

- ☐ Part A - Fill out all items
- ☐ Part B - Include Essay on why you would be a good fit for the program
- ☐ Part C, Signed recommendation letter from immediate supervisor
- ☐ Part D, filled out and signed approval by the Administrator/ED
- ☐ Include photograph in jpeg format

PART C

Recommendation Letter from Immediate Supervisor

This letter of reference is for: _____ _____

Applicants Name Current Position

The above individual is applying for an Elevate Charities Scholarship which will be awarded at the end of each quarter. Please tell us why this applicant should be chosen for an award based on your knowledge of the individual's initiative, merit and experience in promoting CAPLICO. Write your thoughts about this individual's eligibility. Please type or print clearly. Thank you for your assistance and your support of quality healthcare.

_____ _____ _____

(Name of person writing reference) (Phone Number) (Date)

(Please write below this line or attach typed recommendation)

_____

_____

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PART D

Executive Director:
Incomplete applications will not be considered for award. A complete application includes:

- PARTS A and B) Applicant must have complete answers to **all** items of PARTS A and B of this application to guarantee consideration for a scholarship.
- PART C) a letter of recommendation from the applicant's immediate supervisor. [*NOTE: Additional letters of recommendation may be submitted, if desired.]*. Use additional paper if needed.
- PART D) to be signed and completed by Executive Director
- An applicant must have been employed for at least one (1) year in long term care at the time of application review.

Applicant's Name: _____

How long has this applicant been employed at your facility? _____

Position(s): _____

How would you describe applicant:

	Low	**Average**	**High**	**No Opinion**
Commitment to residents	☐	☐	☐	☐
Interest in long term care career	☐	☐	☐	☐
Maturity	☐	☐	☐	☐
Sensitivity	☐	☐	☐	☐
Leadership	☐	☐	☐	☐
Communication skills	☐	☐	☐	☐
Financial need	☐	☐	☐	☐

Please describe briefly why you believe this applicant would be a well-deserved recipient of an Elevate Charities Education Scholarship.

_____

_____

_____

_____

_____ Print Name

_____ Date

_____ Signature

_____ Email Address