MISSISSIPPI HEALTH CARE
FOUNDATION

Scholarship Application

Through generous donations, The Mississippi Health Care Foundation (MHCF) is proud to be able to support long term health care staff members wishing to return to school to further their education. Through the imparting of scholarships, not only is MHCF aiding in your educational endeavor, but investing in the future success of your career.

The Mississippi Health Care Foundation scholarship offers a maximum of $2,000 per semester for two (2) consecutive semesters for tuition and books. To apply for a scholarship with the Mississippi Health Care Foundation, applicants must meet the following criteria:

Scholarship Criteria:

- Applicants must have worked in a long-term care facility at least two (2) years with full time employment prior to submitting application
- Applicants must currently be enrolled or about to begin classes in the field of nursing, dietary/nutrition, social work, or physical, speech or occupational therapy
- Applicants must obtain approval from the Foundation Board prior to making any curriculum changes
- Applicants must attend or plan to attend a publicly funded college or university governed by the institution of higher learning or community colleges governed by the MS Community College Board. **Scholarship applications to proprietary colleges will not be considered.**
- Scholarship application must be received a minimum of 60 days prior to the start of school.
- Applicants must enroll for a minimum of nine (9) hours per semester and maintain full time employment in a Long-Term Care Facility
- **Based on a 4.0 gpa scale, all applicants must maintain a minimum of a 2.5 gpa per semester.** Applicants are required to submit a transcript of their grades following the completion of each semester to receive payment
- Applicants must maintain full-time employment, defined as a minimum of 32 hours per week, at a long-term care facility for a period of two (2) years following completion of their degree program.
- If an applicant leaves employment in the long-term care setting before fulfilling the two-year commitment, the applicant will be required to repay the scholarship award on a prorated basis, based on the portion of the commitment remaining.

- The Foundation Board reserves the right to verify employment or educational status at any point in time while scholarship is awarded.

Scholarship application includes the following:

- Complete the Scholarship Application Form
- Letter of Recommendation - the Letter of Recommendation sheet included in the application packet may be used or a separate sheet of paper. If a separate sheet of paper is used, information and directions on the sheet in the packet must be followed. **The Letter of Recommendation must be from the Administrator or Director of Nursing of the facility in which the applicant is currently employed.**
- Employment will be verified by a member of the Mississippi Health Care Foundation.
- Personal Essay – the applicant must include an essay that addresses the information requested on the Personal Essay sheet in the packet. A separate sheet of paper may be used.
- Signed Commitment of Intention – the application must include the signed agreement with the application.
- Additional Letters of Support – the applicant may include more than one letter of support if desired.
- Letter of Acceptance from school planning to attend or proof of current enrollment.
- Transcript – if the applicant is currently taking classes a copy of the most recent transcript must be included with the application.

Completed application with all required documentation should be mailed to:
Mississippi Health Care Foundation
303 Brame Road
Ridgeland, MS 39157

The Mississippi Health Care Board of Directors will review all applications to review each application and to determine the eligibility of each applicant. All applicants will be notified of the Board's decision by mail. **Scholarships must be used for the time period specified in the award letter, no exceptions.**

The applicant must provide the Foundation with an invoice from the school for a check payable to the school. If the applicant has paid for tuition and/or books, a paid invoice may be submitted for payment directly to the applicant.

Scholarship Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Current Work Experience

Position: _____ Start date: _____

Name of facility: _____

Facility address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Number of hours per week working in nursing home: _____

Previous Work Experience

Previous employer: _____

Position: _____ Employment dates: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Previous employer: _____

Position: _____ Employment dates: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Previous employer: _____

Position: _____ Employment dates: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Use additional sheets if needed

Professional Goal or Position Seeking

_____

_____

Any further information that addresses your financial need and/or other information you feel may be relevant for the committee to know: _____

_____

_____

Educational Experience

School: _____

Dates of attendance: _____

College: _____

Dates of attendance: _____

Major area of study: _____

Degree Obtained: _____

Professional Training/Certification Experience

Type of certification/license: _____

Certification/license number: _____

Other Work or Volunteer Experience

_____

_____

Scholarship Request Information

Type of degree you plan to obtain: _____

School attending: _____

Please check the one that is applicable to you:
_____ currently enrolled and attending classes

_____ accepted and about to begin classes

Term for which scholarship is being requested: _____

Amount of scholarship being requested: _____

Expected date of graduation: _____

Are you currently receiving any other financial assistance, funding or scholarship?

_____ yes _____ no Source: _____

Interview

If the Review Committee requests are you available for one or both of the following:

Face-to-Face Interview _____ yes _____ no

Phone Interview _____ yes _____ no

For Foundation Office Use Only

Date Received: _____ Date Reviewed: _____

Employment verified: ____yes ____no Date_____

Application approved for scholarship: ___yes ___no Date Notification Sent: _____

Scholarship to be used no later than _____
Additional notes:

Letter of Recommendation

The applicant below is applying for a scholarship from the Mississippi Health Care Foundation. Please write a recommendation that speaks to his/her qualities, skills, and performance in their current position. Include why you think the applicant would benefit from additional training and any other information you think would be beneficial to include on his/her behalf.

You may use this sheet or a separate sheet for writing your recommendation. Please put your recommendation in a sealed enveloped and have applicant include with his/her application to the Mississippi Health Care Foundation. Thank you.

Applicant Name: _____

Signature: _____ Date: _____

Printed Name: _____ Position: _____

Personal Essay

Applicant Name: _____ Date: _____

Please write a brief essay introducing yourself and describing your personal and career goals. Discuss why you are interested in working with older adults in nursing homes and any special interests you have. Indicate what studies/programs you are pursuing and why. Please include the qualities or characteristics you feel you possess that address your commitment to this profession and your passion for the work.

You may use this sheet or a separate sheet and attach to the application.

Signed Commitment of Intention Agreement

Please initial by each of the statements below and sign at the bottom.

- _____ I agree that all information contained in this application is true and factual.
- _____ I agree to work in a Mississippi nursing home for two (2) years post-graduation.
- _____ I agree to submit documentation to the Mississippi Health Care Foundation upon completion of the current academic term for which the scholarship is awarded.

I, (print name) _____, claim that this application and the information included herein is true and factual.

Signature: _____ Date: _____

Printed Name: _____