

IDAHO HEALTH CARE ASSOCIATION FOUNDATION, INC

DOROTHY WITMER STUDENT SCHOLARSHIP APPLICATION



This announcement contains the information and instructions you will need to apply for a student scholarship from the Idaho Health Care Association Foundation (IHCAF).

PACKET CONTENTS

- General Information
- Student Scholarship Application Forms and Instructions
- Final Checklist

DOROTHY WITMER STUDENT SCHOLARSHIP - GENERAL INFORMATION

The Idaho Health Care Association Foundation (IHCAF) will award scholarships in the amount of \$500 per recipient. Applicants are expected to meet the following criteria:

- Demonstrate a work ethic and regular progress toward a degree in the health care field specifically related to caring for the elderly and/or disabled.
- Maintain a 2.50 overall grade-point average (based on a 4.00 scale).
- Display individual personal character
- Show financial need
- Applicants may be asked to participate in an interview with the IHCAF Scholarship Selection Committee.

ONLY ONE APPLICATION IS NEEDED TO COMPETE FOR THIS SCHOLARSHIP.

APPLICATION INFORMATION AND DEADLINES:

Applications for the IHCAF Dorothy Witmer Student Scholarship may be obtained from the IHCAF address below or online at <http://www.ihca-ical.org/ihca-foundation>.

Only complete application packages will be reviewed. Please use the final checklist included in this packet to ensure you provide all of the information necessary for your application to be reviewed and considered.

All application materials must be postmarked by June 1, 2010.

Idaho Health Care Association Foundation
1524 W. Cayuse Creek Drive
Meridian, ID 83646

Phone (208) 343-9735 – Fax (208) 342-6891 – e-mail: jill@ihca-ical.org

IDAHO HEALTH CARE ASSOCIATION FOUNDATION, INC
 DOROTHY WITMER STUDENT SCHOLARSHIP APPLICATION



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Are you a U.S. citizen or documented permanent resident of the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
GPA			
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
GPA			
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
GPA			

COLLEGE, UNIVERSITY, OR SCHOOL YOU PLAN TO ATTEND	
Name	Address

OTHER SCHOLARSHIPS AND AMOUNTS RECEIVED	
Scholarship	Amount
Scholarship	Amount

REFERENCES	
<i>Please choose three character references (Preferred: Employer, Teacher/Professor;) Please provide a copy of the "Character Reference Evaluation Sheet" to each character reference for completion.</i>	
Full Name	Relationship
Full Name	Relationship
Full Name	Relationship



In an essay of no more than 1200 words, please address the following 5 points. At the end of your essay, please provide a date and signature after this statement, "I certify that my answers are true and complete to the best of my knowledge."

1. Describe your financial need

Estimate the cost of college, trade, or vocational school for the year, include tuition, housing, books, etc. Include the source of funding for education, unusual circumstances, family situations or financial expenses that may affect your need for financial aid.

2. State Your education and career goals

Please note: preference will be given to applicants enrolling in a health care related field specifically related to caring for the elderly and/or disabled.

3. List work history and experience and why you want to work the the elderly or disabled.

4. Describe why you feel you should be selected to receive a scholarship from the Idaho health care association foundation?

5. Describe participation in community service, extracurricular and/or community activities.



CHARACTER REFERENCE EVALUATION SHEET

Name of Student _____
 (Last, First, Middle or Initial)

Your name has been given as a reference by the above student who has applied for a scholarship from the Idaho Health Care Association Foundation to study healthcare related coursework. Your evaluation is important to us in considering this application. Please complete this form (type or print using black ink) and return it, in a sealed envelope with your handwritten signature across the seal, to the student as noted at the bottom of page.

Name of Evaluator: _____ Position: _____

Institution or Firm: _____

Address: _____

Telephone: _____

How long have you known the applicant? _____

Furnish information on the nature of your relationship, contacts and observations of the applicant.

EVALUATION OF SOCIAL AND PERSONAL TRAITS

Please rate each characteristic listed, using a scale of 0 to 10, with "10" being "Superior" and "0" being "Poor". If you would like to make additional comments about the applicant, please use the reverse side of this form.

Characteristic	Poor		Below Average			Average		Above Average		Superior	
	0	1	2	3	4	5	6	7	8	9	10
Cooperation											
Courtesy											
Dependability											
Compassion											
Initiative											
Leadership											
Maturity											
Self-Control											

TOTAL: _____

Using the above evaluation indicate your opinion of the applicant's ability to select a goal and achieve it:

Signature: _____

Note: It is the applicant's responsibility to ensure that this form is submitted to the Idaho Health Care Association Foundation postmarked by **June 1, 2010**. To ensure the confidentiality of your evaluation, please return it to the applicant in a sealed envelope with your handwritten signature across the seal.



Final Checklist

1. Completed Application Form
 - a. Information about High School and/or College/University/Technical School Transcripts
 - b. 3 Character References

2. Essay (no more than 1200 words) each of the 5 points listed below:
 - a. Describe your financial need
 - b. State education and career goals
 - c. List work history and experience and why you want to work with the elderly or disabled.
 - d. Describe why you feel you should be selected to receive a scholarship from the Idaho health care association foundation?
 - e. Describe participation in community service, extracurricular, and/or community activities.