



South Dakota
Health Care AssociationSM

SCHOLARSHIP PROGRAM

The South Dakota Health Care Association (SDHCA) will award one \$1,000.00 scholarship to an individual who wishes to pursue his/her personal growth and development through higher education. The recipient will be selected from the applications that are filed with the SDHCA office. In order to be considered as an applicant for this scholarship, the applicant **must complete all of the following requirements:**

- Complete and **sign** the SDHCA application forms (Application, School Reference, Personal Reference, and Employee Reference);
- Have been employed full-time or part-time for at least one year in a SDHCA Member Facility;
- Maintain at least a 2.2 GPA or higher;
- An acceptance letter and/or completed transcript or grade report of prior classes taken must be provided to show proof of acceptance in a higher learning facility.
- A completed grade transcript or grade report of the course taken must be supplied to the facility where you are employed at the time the scholarship is awarded.
- Furthering your education in an approved SDHCA health care position; and
- Submit **fully** completed forms to the SDHCA office by **June 28, 2013**.

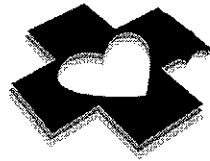
Participation:

In order to be considered for the SDHCA scholarship, you must be furthering your education in an approved SDHCA health care position. The applicant must be at least a graduating senior from a high school who has been accepted by a recognized community college, state college/university, and/or correspondence course. The SDHCA office has approved the following positions;

- RN or LPN;
- Health Care Administrator;
- Dietitian or Dietary Manager;
- Social Worker; or
- Physical, Speech or Occupational Therapist.

Guidelines:

1. One educational scholarship will be awarded by SDHCA in each fiscal year.
2. The educational scholarship will be selected by the Volunteer/Scholarship Task Force from the qualified and fully completed applications received by the SDHCA office.
3. Qualified applicants are eligible to receive only one SDHCA educational scholarship per year. **(Some of the SDHCA Regions offer educational scholarships. Fully completed applications will also be submitted to the appropriate Regions for Region Scholarships.)**
4. The awarded scholarship must be applied toward tuition and expenses incurred for the course of study at a recognized higher learning, including, but not limited to, community colleges, state colleges/universities, and/or correspondence courses.
5. The scholarship money will be awarded at SDHCA's Fall Convention in September.



South Dakota Health Care AssociationSM

Scholarship Application Form

SDHCA will award a \$1,000.00 scholarship for training in the health care field to a qualified person who wishes to further his/her education and practice in the long term health care profession. This scholarship will be awarded for the Fall 201 Semester.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Please complete the following application and return it, along with the other forms included, to SDHCA. The information must be received in our office by **June 28, 2013**. Please give the enclosed reference forms to the following references: 1 personal reference, 1 present employer reference, 1 school reference and proof of enrollment or acceptance. **These references must be returned with your application form and received in our office by June 28, 2013.**

PLEASE PRINT OR TYPE ALL INFORMATION

Name _____ Email: _____

Address _____ City, State, Zip _____

Telephone _____ Social Security Number _____

Current Facility Information:

Name of Facility _____ City _____

Position _____ Date of Employment _____

Supervisor _____

List college/university/correspondence course program which you are attending or have been accepted: _____

City, State, Zip _____

How many quarters or semesters have you completed? _____

How many credit hours per quarter or semester? _____

How many credit hours will you take? _____

What is your grade point average? _____ What is your major? _____

Have you had any other special training related to long term health care? If so, please explain:

Please describe your interest in long term health care, including how you became interested in the profession and related experiences you have had:

Please describe your future professional plans in the health care field and your commitment to the long term health care field:

Scholarship Agreement:

As the recipient of the SDHCA scholarship, you are agreeing to the following conditions of the scholarship program. These conditions are:

- Recipient agrees to work full-time for one year in an SDHCA Member Facility upon completion of his/her higher education.
- The recipient will be in contact with the SDHCA Member Facility during his/her higher education training and will report to the SDHCA Member Facility upon completion of training.
- If the recipient does not work the required one-year after finishing school, then he/she agrees to pay back SDHCA at a rate of \$100.00 per month for each month not worked upon completion of his/her higher education.

Verification:

If I, _____, am awarded the SDHCA scholarship, I pledge to work in an SDHCA Member Facility for a minimum of one year upon graduation.

Signature

Dated

Witnessed

Dated

Must be received by June 28, 2013.

**Send to: South Dakota Health Care Association
804 N Western Avenue
Sioux Falls, SD 57104-2098**



South Dakota Health Care AssociationSM

School Reference Form

SDHCA will award a \$1,000.00 scholarship for training in the health care field to a qualified person who wishes to further his/her education and practice in the long term health care profession. This scholarship will be awarded for the Fall 2013 Semester.

We appreciate your help in selecting the recipient of this scholarship. Please complete this form and return it to the applicant as soon as possible. **This reference must be returned to SDHCA and must be received by June 28, 2013.**

Return forms to:

South Dakota Health Care Association
804 N Western Avenue
Sioux Falls, SD 57104-2098

All references and recommendations are kept confidential.

Failure to respond prior to the deadline will disqualify applicant from being considered.

PLEASE PRINT OR TYPE ALL INFORMATION

Name of applicant _____

Name of reference _____

Address of reference _____

Phone number of reference _____

Title or position of reference _____

Applicant's attendance record: Poor Good Excellent

How would you rate the applicant on the following?

	Low	Average	High
Maturity	_____	_____	_____
Leadership Skills	_____	_____	_____
Initiative	_____	_____	_____
Interpersonal Relationships	_____	_____	_____

Comments: _____

Briefly describe why you believe this applicant would be a worthy recipient of this scholarship:

Signature _____ Date: _____



South Dakota Health Care AssociationSM

Personal Reference Form

SDHCA will award a \$1,000.00 scholarship for training in the health care field to a qualified person who wishes to further his/her education and practice in the long term health care profession. This scholarship will be awarded for the Fall 2013 semester.

We appreciate your help in selecting the recipient of this scholarship. Please complete this form and return it to the applicant as soon as possible. **This reference must be returned to SDHCA and must be received by June 28, 2013.**

Return forms to:

South Dakota Health Care Association
804 N Western Avenue
Sioux Falls, SD 57104-2098

All references and recommendations are kept confidential.

Failure to respond prior to the deadline will disqualify applicant from being considered.

PLEASE PRINT OR TYPE ALL INFORMATION

Name of applicant _____

Name of reference _____

Address of reference _____

Phone number of reference _____

What is your relationship to the applicant? _____

How long have you known the applicant? _____

Briefly describe why you believe this applicant would be a worthy recipient of this scholarship:

Signature _____ Date _____



South Dakota Health Care AssociationSM

Employer Reference Form

SDHCA will award a \$1,000.00 scholarship for training in the health care field to a qualified person who wishes to further his/her education and practice in the long term health care profession. This scholarship will be awarded for the Fall 2013 semester.

We appreciate your help in selecting the recipient of this scholarship. Please complete this form and return it to the applicant as soon as possible. **This reference must be returned to SDHCA and must be received by June 28, 2013.**

Return forms to:

South Dakota Health Care Association
804 N Western Avenue
Sioux Falls, SD 57104-2098

All references and recommendations are kept confidential.

Failure to respond prior to the deadline will disqualify applicant from being considered.

PLEASE PRINT OR TYPE ALL INFORMATION

Name of applicant _____

Name and title of reference _____

Address of reference _____

Phone number of reference _____

How long has the applicant worked in your facility? _____

How would you rate the applicant on the following?

	Low	Average	High
Maturity	_____	_____	_____
Sensitivity to Residents' Needs	_____	_____	_____
Commitment to Long Term Care	_____	_____	_____
Ability to Communicate	_____	_____	_____
Leadership Skills	_____	_____	_____
Interpersonal Relationships	_____	_____	_____
Attendance Record	_____	_____	_____

Briefly describe why you believe this applicant would be a worthy recipient of this scholarship:

Signature _____ Date _____