



Dear Applicant:

Thank you for your interest in the Louisiana Long Term Care Foundation (LLTCF) Nursing Scholarship. Our committee will award scholarships for a minimum of \$500 to registered nursing students who meet the qualifications set forth by the LLTCF. Our program is made possible by fundraisers and generous donations from LNHA members and supporters.

As you know, the nursing shortage is a serious issue throughout all health care fields and is especially severe in the nursing home profession. We hope this scholarship opportunity encourages you to continue your career in long term care nursing. You already know the rewards of providing continuous care to residents, of being a key decision maker in the care giving process, and of working in the growing, vital field of geriatrics. Become part of the solution. Allow us to help you advance your long-term care career today. Make more than a living. Make a difference.

The following criteria must be met to qualify for a scholarship:

1. An electronic copy of your **letter of acceptance** from an accredited LPN, RN, BSN or MSN program.
2. You must work in a LNHA member nursing facility and submit two completed scholarship recommendation forms. At least one form should be completed by your administrator. Click [here](#) to download the recommendation form.
3. A completed LLTCF nursing scholarship application. (See page 2.)
4. A personal essay describing your desire to continue working in long term care nursing and why you chose it as a career. (See page 3.)

Application forms along with supporting documentation should be completed and submitted **electronically** in **one email** to Karen Miller, LLTCF Foundation Director, at kmiller@lnha.org with the subject line of “2020 LLTCF Scholarship Application” by **Friday, November 20, 2020**, at 5 p.m. Your application will be automatically denied if you fail to follow these instructions or meet the criteria listed. Scholarship recipients will be announced in January 2021. If you have any questions, contact [Karen Miller](#).

Sincerely,

Karen Miller
Louisiana Long Term Care Foundation Director



2020 Louisiana Long Term Care Foundation Nursing Scholarship Application Form

| Applicant Information (please type) | | |
|-------------------------------------|---------------|-----|
| Applicant Name | | |
| Mailing Street Address | City | Zip |
| Phone | Email Address | |

| Employment Information | | |
|----------------------------|---------------------------------|--|
| Facility Name | | |
| Facility Street Address | City | Zip |
| Job Title | Date of hire (month / year) | |
| Years Employed by Facility | Full-time or Part-time Employee | Years' Experience in Long Term Care Profession |

| Educational Information | | |
|---------------------------------|--|---|
| Name of Educational Institution | Program Enrolled | |
| School Street Address | City | Zip |
| Program Start Date | Expected Graduation Date | Completed All Prerequisite Classes (If No Applicant is Not Qualified for Scholarship) |
| Full-time or Part-time Student | Special Training in Related Fields If Applicable | |
| Future Professional Plans | | |

Personal Essay (please type)

In the space below, provide a brief essay including the following information:

- Any professional experiences you have in long term care.
- Your interest in long term care nursing as a profession.
- Any unique challenges you believe the long term care nursing profession holds.

Signature

Date

Remember to submit two completed scholarship recommendation forms. At least one form should be completed by your administrator. See page 1 for instructions and a link to the form.



2020 Louisiana Long Term Care Foundation Nursing Scholarship Recommendation Form

The Louisiana Long Term Care Foundation will award scholarships for a minimum of \$500 to nursing facility employees who wish to continue their education and their career in long term care nursing. The program is made possible by donations from LNHA supporters. The following applicant is applying for a nursing scholarship and has listed you as a reference. Please complete this electronic form and email it back to the applicant. The applicant must submit the application and supporting documentation via email by **Friday, November 20, 2020**.

| Applicant Information (please type) | |
|--|------------------------------------|
| Applicant Name | Applicant Phone |
| Recommendation Form | |
| Reference Name | Phone |
| Address | |
| Position | Email Address |
| In what capacity do you know applicant? | How long have you known applicant? |
| Please rate the applicant on the following qualities (Click on the drop-down menu to select low, average, high) | |
| Professionalism: | |
| Commitment to long-term care nursing: | |
| Communication: | |
| In the space below, briefly describe why you believe this applicant would be a worthy recipient of a long-term care nursing scholarship. | |
| Signature | Date |



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