

Miami Valley Long Term Care Association

Scholarship Application

Attach a current resume, including work history and education.

Name: _____
(First) (Last)

Address _____

City _____ State _____ Zip _____

Telephone _____ e-mail _____

Social Security # _____ Date of Birth _____

School Information

Verification of application for enrollment **MUST** be included with application. Applications will not be considered without verification.

Have you applied for enrollment in a state approved program? Yes No

Start Date _____ Type of Program RN LPN AIT Licensed Social Worker

PT/PTA OTR/COTA SLP Activity Director Dietitian/Dietary Manager

Name of School _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Contact Person _____ Title _____

Annual Income _____ Dependents Yes No

Are you receiving any other scholarships/ grants/ loans? Yes No

If yes, please describe _____

Miami Valley Long Term Care Association

Recommendation Form

The Miami Valley Long Term Care Association is proud to offer a Scholarship Program to its members. Through this scholarship, financial assistance will be provided to the recipient. It would be greatly appreciated if you would complete this form on behalf of the applicant and place it in a sealed envelope. All recommendations will be kept confidential. All applicants must submit a total of two (2) recommendations from the following individuals: Facility Administrator, Director of Nursing and/or immediate supervisor . **Copy this form as necessary.**

Name of applicant _____

Name of reference _____

Title of reference _____

Name of Facility _____ Telephone # _____

How long has applicant worked at facility? _____

Please rate the following:

	Low		Average		High
Maturity	1	2	3	4	5
Sensitivity of Resident Needs	1	2	3	4	5
Commitment to long term health care	1	2	3	4	5
Ability to communicate	1	2	3	4	5
Leadership	1	2	3	4	5
Overall recommendation	1	2	3	4	5

Comments
