



2021 Indiana Health Care Foundation Health Facility Administrator/Residential Care Administrator Scholarship with sponsorship support from Success Development, inc.

Multiple \$3,995 HFA/RCA Scholarships Available

Indiana Health Care Foundation (IHCF) and Success Development, inc. applaud individuals who are dedicated to advancing their career through continued education. IHCF is accepting scholarship applications from individuals pursuing educational training for Health Facility Administrator/Residential Care Administrator licensure course offered by Success Development, inc. September 21 – October 29, 2021 (four days per week, Tuesday thru Friday). The 2021 session will be a LIVE virtual instructor led format, expect for a two hour in-person orientation in Indianapolis, IN on the first day. Applicants must agree to attend the entire course in order to be considered for the scholarship funds. Failure to complete the course will require the recipient to reimburse the IHCF for the scholarship funds.

To be considered for an IHCF and Success Development, inc. Health Facility Administrator/Residential Care Administrator Scholarship, the applicant must:

- Reside in the State of Indiana
- Possess a High School Diploma or its Equivalent and a minimum of 18 years of age.
- Agree to attend the Health Facility Administrator/Residential Care Administrator Course provided by Success
 Development, inc. in Indianapolis, Indiana on September 21 October 29, 2021. (Sept. 21 Oct. 15 for RCAs)
- Acknowledge that the course would be a time commitment equivalent to a full-time job for the period of 4 or 6
 weeks plus study time and made appropriate arrangements, including approval by your facility administrator or
 direct supervisor.
- Have an employment history that reflects management or leadership skills.
- Have a passion to work with the elderly or disabled populations.
- Return completed application with transcripts from the highest level of degree completed, three letters of recommendation, and an essay to IHCF by the <u>June 6, 2021</u> deadline
- Agree to personal interview in Indianapolis or via phone if and when requested by IHCF

Individuals related to a member of the IHCF Board of Directors or Success Development, inc. are ineligible.

IMPORTANT NOTICE:

IHCF requires the following information to be submitted online by June 6, 2021. Failure to provide all requested information will result in disqualification.

- √ Completed Application Form
- \checkmark Three Professional Letters of Recommendation one of which <u>must</u> be from a current Employer
- ✓ Essay (as noted on the application form)
- ✓ A clear photocopy of high school or college transcript (whichever is higher level completed)

Application forms are available on the IHCF's website at: https://www.ihca.org/about-us/ihcf/ihcf-scholarships/

Completed applications and supplemental information should be submitted online by June 6 at: https://ihcaincal.users.membersuite.com/home and click "Engagement Hub"

Indiana Health Care Foundation Health Facility Administrator/Residential Care Administrator Scholarship Application Sponsored by Success Development, inc.

Individual education scholarships will be awarded based upon the information provided by the applicant. Applicants must possess a minimum high school diploma or its equivalent and agree to attend the Health Facility Administrator/Residential Care Administrator Course provided by Success Development, inc. in Indianapolis, Indiana.

Completed applications and supplemental information should be submitted online by June 6 at: https://ihcaincal.users.membersuite.com/home and click "Engagement Hub"

Questions? Contact Emily Lutz at		
Applicant Information (Please type		
Name:(Last)		
(Last)	(First)	(Initial)
Permanent address:		
City:	State:	Zip Code:
By checking the following, I verify th	nat I am at least 18 years old. [
Daytime Phone:/	Evening Phone:/	Email:
Academic Information		
What is your highest level of degre	e completed?	
High School Attended:		
City, State:		
College Attended:		
City, State:		
		/n) 4/yr Degree Earned: (y/n)
Special Training/Awards/Volunteer		pted)

Complete Employment History (additional pages accepted)

City:	State:	Zip Code:	
Phone:/			
Present Position:	Date Started:	//	
Immediate Supervisor:			
Will your employer allow you time off	to attend the ${\sf HFA/RCA}$ co	ourse on Sept. 21 – October 30, 2020) (Sept. 21
for RCAs)? Yes No			
hile being employed.			
Previous Employer:			
Previous Employer: Employer Address:			
Previous Employer: Employer Address: City:	State:	Zip Code:	
Previous Employer:	State: Date Started:	Zip Code: / / Date Ended:	
Previous Employer:	State: Date Started:	Zip Code: / / Date Ended:	
Previous Employer:	State: Date Started:	Zip Code: / / Date Ended:	_/_/_
Does your employer offer tuition assist Previous Employer: Employer Address: City: Phone: Position or Job Held: Immediate Supervisor: Previous Employer:	State: Date Started:	Zip Code: / / Date Ended:	_/_/_
Previous Employer: Employer Address: City: Phone: Position or Job Held: Immediate Supervisor:	State: Date Started:	Zip Code: / / Date Ended:	_/_/_
Previous Employer: Employer Address: City: Phone:/_ Position or Job Held: Immediate Supervisor: Previous Employer:	State: Date Started:	Zip Code: / / Date Ended:	_/_/_
Previous Employer: Employer Address: City: Phone:/ Position or Job Held: Immediate Supervisor: Previous Employer: Employer Address:	State: State: State:	Zip Code: / Date Ended: / / Date Ended:	_/_/_

Essay Questions

RELATIONSHIP TO CANDIDATE: _

On a separate page, please write an essay that covers each of the following points. Your essay should be typed. Please limit your response to 1000 words.

Finalists may be asked to come to Indianapolis or via phone to take part in a 30-minute interview at the discretion of the

- Describe your work and leadership experience, include volunteer experience in your community
- Describe your interest in working with the elderly and chronically ill and long-term care
- Describe your expectations and vision as an Administrator in a residential or long-term care facility

IHCF Scholarship Committee.

Professional References: (please list the three references whose letters of recommendation are attached)

Reference 1 — Current Employment:

NAME:

TITLE:

RELATIONSHIP TO CANDIDATE:

REference 2:

NAME:

TITLE:

RELATIONSHIP TO CANDIDATE:

RELATIONSHIP TO CANDIDATE:

RELATIONSHIP TO CANDIDATE:

Please ask references to submit to you a letter of reference to be attached to your application. The letter should be on the individual's company letterhead if appropriate and should describe why you would be a worthy recipient of a Success Development, inc. and IHCF scholarship, addressing such areas as level of maturity, sensitivity to people's needs, a known commitment to the elderly or to long-term care, that reflects good leadership and advocacy skills. This reference page, along with the letters of recommendation, should be submitted online with your completed application. Letters of recommendation sent without applications will not be considered.

Completed applications and supplemental information should be submitted online by June 6 at: https://ihcaincal.users.membersuite.com/home and click "Engagement Hub"