



LPN, RN AND APN LONG TERM CARE NURSES SCHOLARSHIP APPLICATION – 2019

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Day Phone: () Email Address: _____

Education

High School: Address: _____
From: To: Did you graduate? YES NO

College: Address: _____
From: To: Did you graduate? YES NO Degree: _____

Other: Address: _____
From: To: Did you graduate? YES NO Degree: _____

Employment

I am currently employed as a (an) _____, but I am enrolled in a nursing school to upgrade my career to:
(check one) LPN RN APN

Current: Employer: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

From: _____ To: _____ Years of experience in long term care: _____

Nursing School

Name: _____

Address: _____
Street Address

City

Phone: () _____ Expected Start Date: _____

a. Describe your interest in long term care, including how you became interested in the profession and related experiences you have had:

b. The terms "quality of care" and quality of life" are used frequently in reference to long term care. What does this mean to you and what do you do to assure that your residents are receiving quality care and maximizing their quality of life?

c. Describe your future professional plans in the health care field and your commitment to long term health care:

d. Briefly describe how you plan to fund your education:

TERMS OF AGREEMENT

The John W. Maitland, Jr.-Joseph F. Warner Long Term Care Nurses Scholarship Fund will award up to a \$1,000 scholarship for the 2019 Fall Semester directly to the applicant's school for the benefit of the applicant. The scholarship award must be returned to the Scholarship Fund if the awarded recipient fails to satisfactorily complete coursework during the semester for which the scholarship is awarded, the recipient's employer is providing full funding, and/or there is any unused portion or balance. **Note:** *This scholarship can only be used for tuition and books.*

Deadline for submission of all materials is June 7, 2019.

ELIGIBILITY REQUIREMENTS

- 1) Must have completed the prerequisites for an LPN, RN or APN program
- 2) Must be accepted into a nursing program on a full-time basis
- 3) Must be working in an assisted living or long term care center (either full-time or part-time).
- 4) Must be willing to work as an LPN, RN or APN in a long term care center or program.

REQUIRED INFORMATION OR DOCUMENTATION

- ❖ A copy of the letter of acceptance from the nursing program.
- ❖ Proof of completion of prerequisites for the LPN, RN or APN program (as applicable).
- ❖ **Two (2)** letters of recommendation, one by your Administrator and one by your Director of Nursing.
- ❖ Completion of RN and LPN Scholarship Evaluation Form completed by the Director of Nursing or Administrator.
- ❖ Deadline for submission of all materials is **June 7, 2019.**

DECISION

Final determination of scholarship awards will be made by the John W. Maitland, Jr.-Joseph F. Warner Long Term Care Nurses Scholarship Fund Board of Directors at their June meeting. All applicants will be notified of the outcome of their application.

ACKNOWLEDGMENT

I understand and agree with the terms of the Agreement and Eligibility Requirements, and wish to be considered for a John W. Maitland, Jr. - Joseph F. Warner Long Term Care Nurses Scholarship Fund scholarship.

e.

Signature:

Date:

Scholarship Evaluation Form

The attached LPN, RN and APN Scholarship Evaluation Form must be completed by the Director of Nursing or Administrator and returned with the application by June 7, 2019 directly to:

**John W. Maitland, Jr. - Joseph F. Warner
Long Term Care Nurses Scholarship Fund
1029 South Fourth Street
Springfield, IL 62703
(217) 528-6455 | F: (217) 528-0452**



**LPN, RN AND APN LONG TERM CARE NURSES
SCHOLARSHIP EVALUATION FORM – 2019**

(to be completed by the Director of Nursing or Administrator)

Applicant Name:

Instructions

Please indicate where you believe the employee stands between the two individual statements.

Guide for evaluation:

5= the employee is a leader in this area

4= the employee is above average in this area

3= the employee is average in this area

2= the employee is slightly below average in this area

1= the employee is below average in this area

Please explain any scores other than “3” in the comment section.

Quality of Care

(Check one box for each)

- | | | | | | | |
|-----------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------------------|
| Meets residents' mental, psychosocial and physical needs | 5 | 4 | 3 | 2 | 1 | Does not meet the needs of residents |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Uses good nursing techniques | 5 | 4 | 3 | 2 | 1 | Does not use good nursing techniques |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Displays caring therapeutic attitude while caring for residents | 5 | 4 | 3 | 2 | 1 | Impatient while providing daily care to residents |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Comments (Explanation for score other than “3”)

Behavior

(Check one box for each)

- | | | | | | | |
|-------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------------------------|
| Enthusiastic about care of residents | 5 | 4 | 3 | 2 | 1 | Apathetic |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cooperates with peers | 5 | 4 | 3 | 2 | 1 | Uncooperative, criticizes |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cooperates with supervisory staff | 5 | 4 | 3 | 2 | 1 | Refuses tasks, shows disrespect to supervisors |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Interested in new experiences;
Demonstrates eagerness to learn | 5 | 4 | 3 | 2 | 1 | Unwilling to listen to others to try new experiences |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Accepts correction and criticism with willingness to improve:

5 4 3 2 1

Responds to suggestions defensively

Comments (Explanation for score other than "3")

Safety

(Check one box for each)

Familiar with facility safety policies:

5 4 3 2 1

Unfamiliar with facility safety policies

Follows infection control guidelines for all residents:

5 4 3 2 1

Promotes cross contamination

Uses equipment properly:

5 4 3 2 1

Needs frequent supervision when using equipment

Practices good safety techniques:

5 4 3 2 1

Must be told to correct unsafe conditions

Comments (Explanation for score other than "3")

Dependability

(Check one box for each)

Reports for duty on all scheduled days:

5 4 3 2 1

Frequently absent

Rarely late :

5 4 3 2 1

Frequently late

Responds to call for duty when short staffed:

5 4 3 2 1

Responds negatively to requests if short staffed

Comments (Explanation for score other than "3")

Conduct and Appearance

(Check one box for each)

Follows HIPPA privacy requirements:

5 4 3 2 1

Does not follow HIPPA privacy requirements

Shows mature conduct with relatives and visitors:

5 4 3 2 1

Rude to relatives and visitors

Accurate documentation of care; consistent charting methods

5 4 3 2 1

Inaccurate documentation, unprofessional charting style

Appearance and dress is always professional

5 4 3 2 1

Appearance and dress is not professional

Comments (Explanation for score other than "3")

Signature of Administrator: _____

Signature of Director of Nursing: _____

Deadline for submission of all materials is June 7, 2019.