

# 2025 LPN, RN & APN Scholarship Application

		Applicant Info	rmation			
Full Name:				Date:		
	Last	First		M.I.		
Address:						
	Street Address				Apartment/Unit	#
	City			State	ZIP Code	
5.	•	_				
Phone:		Em	ail			
		Education	on			
High School	:	Address:				
		Y	ES NO			
From:	To:	Did you graduate?		Diploma:_		
College:		Address:				
From:	To:		ES NO	Degree:		
Other:						
From:	To:		ES NO	Degree:_		
		Employm	nent			
I am currentl	y employed as a(n):					
I am enrolled	d in nursing school to beco	ome an:   LPN  RN	□ APN			
Employer:					Phone:	
				_		
City:		State:		Zip:		
Job Title:			Supervisor	:		
From:	To:	Year	rs of Experie	ence in Long 1	erm Care:	

	Nursing School								
Sch	nool:								
Add	dress:								
City	r.								
City	y.	State: Zip:							
Pho	one:	Expected Start Date:							
	_	Other							
a.		ibe your interest in long term care, including how you became interested in the profession and related iences you have had:							
b.		erms "quality of care" and quality of life" are used frequently in reference to long term care. What does this mean and what do you do to assure that your residents are receiving quality care and maximizing their quality of life?							
c.	Descri	ibe 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 & Signature							

# **Terms of Agreement**

The John W. Maitland, Jr.-Joseph F. Warner Long Term Care Nurses Scholarship Fund will award a scholarship of \$1,000 or more for the 2025 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.

#### **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**

\*\*If the following items are not submitted, the application will not be considered.

- 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.
  - Recommendation letters must be on letterhead and must be signed.
- Completion of RN and LPN Scholarship Evaluation Form completed by the Director of Nursing or Administrator.

#### **Submission Deadline**

Deadline for submission of all materials is June 30, 2025.

### **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.

Signature:	Date:	

## **Submission Instructions**

\*BEFORE YOU SUBMIT: Do you have all of the Required Documentation (see list above) to send along with your completed Scholarship Application?

Please send your submission materials to the address below. All submissions must be received by **June 30**, **2025** to be considered.

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

You may also access our online scholarship application by visiting <a href="www.ihca.com/scholarships">www.ihca.com/scholarships</a>. Please contact Ashley Caldwell at <a href="mailto:acaldwell@ihca.com">acaldwell@ihca.com</a> or 800.252.8088 if you have any questions.