



**Indiana Health Care Foundation
Wound Management Certification Scholarship Application**

ELIGIBILITY:

To be considered for an Indiana Health Care Foundation Scholarship, the applicant must:

- Possess a High School diploma or higher and a minimum of 18 years of age
- Possess an active U.S. unrestricted license in one of the following professions: LPN/LVN, RN, NP, OT/PT/PTA, MD/DO/DPM/PA
- Agree to attend the Wound Management Certification Course provided by the Wound Care Education Institute in Indianapolis, Indiana on April 7-11, 2014
- Agree to complete the National Alliance of Wound Care (NAWC) exam as required in Indianapolis, Indiana on April 7-11, 2014
- Have a passion to work with the elderly and/or disabled populations
- Return completed application with college transcripts, three letters of recommendation, and an essay to IHCF by the **February 21, 2014** deadline
- Agree to personal interview in Indianapolis if and when requested by IHCF
 - **Transcripts should be included to verify education indicated on the application.**
 - **Essay should include, but not be limited to, your passion, experience, desire for the certification, the impact this certification will have in your healthcare career goals, reason for wanting/needing the scholarship, and why you deserve to receive it**
 - **Letters of recommendation should include at least one from a direct supervisor.**

Individuals related to a member of the IHCF Board of Directors are ineligible.

IMPORTANT NOTICE:

IHCF requires the following information to be submitted with the completed application and received by February 21, 2014. Failure to provide all requested information will result in disqualification.

- ✓ Three Letters of Recommendation (one from a direct supervisor)
- ✓ Essay (as described above)
- ✓ A clear photocopy of college transcripts
- ✓ Proof of active U.S. unrestricted license in one of the qualifying areas.
- ✓ A completed Skin and Wound Management Course application will be required of the scholarship recipient and will be provided by IHCF

Completed application and all required materials must be mailed and received by February 21, 2014 to the following address:

Indiana Health Care Foundation
Katie Niehoff, Executive Director
One N. Capitol Ave., Suite 100
Indianapolis, IN 46204
317-616-9028
kniehoff@ihca.org

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Complete Employment History (additional pages accepted)

Current Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ / _____ / _____ Fax: _____ / _____

Present Position: _____ Date Started: _____ / _____ / _____

Immediate Supervisor: _____

Will your employer allow you time off to attend the Wound Management Certification course on April 7-11, 2014?
Yes _____ No _____

Does your employer offer tuition assistance? Yes _____ No _____

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Previous Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ / _____ / _____ Date Started: _____ / _____ / _____ Date Ended: _____ / _____ / _____

Position or Job Held: _____

Immediate Supervisor: _____

Previous Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ / _____ / _____ Date Started: _____ / _____ / _____ Date Ended: _____ / _____ / _____

Position or Job Held: _____

Immediate Supervisor: _____

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Essay Questions

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.

- Describe your work and healthcare 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 a wound certified personnel in a residential or long-term care facility

Finalists will be asked to come to Indianapolis in late February/early March to take part in a 30-minute interview.

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



Reference 1 – Current Employment:

NAME: _____

FACILITY: _____

Reference 2:

NAME: _____

TITLE: _____

RELATIONSHIP TO CANDIDATE: _____

Reference 3:

NAME: _____

TITLE: _____

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 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 customer service and clinical skills.

This reference page, along with the letters of recommendation, should be submitted with your completed application. Letters of recommendation sent without applications will not be considered.

Applications and Materials must be received by February 21, 2014. Late submissions will be not accepted.

