



Dear Applicant:

Thank you for your interest in the Louisiana Long Term Care Foundation (LLTCF) Nursing Scholarship. Our committee will award scholarships for a minimum of \$500 to registered nursing students who meet the qualifications set forth by the LLTCF. Our program is made possible by fundraisers and generous donations from LNHA members and supporters.

As you know, the nursing shortage is a serious issue throughout all health care fields and is especially severe in the nursing home profession. We hope this scholarship opportunity encourages you to continue your career in long term care nursing. You already know the rewards of providing continuous care to residents, of being a key decision maker in the care giving process, and of working in the growing, vital field of geriatrics. Become part of the solution. Allow us to help you advance your long-term care career today. Make more than a living. Make a difference.

The following criteria must be met to qualify for a scholarship:

1. An electronic copy of your letter of acceptance from an accredited LPN, RN, BSN or MSN program.
2. You must work in a LNHA member nursing facility and submit two completed scholarship recommendation forms. At least one form should be completed by your administrator. Click [here](#) to download the recommendation form.
3. A completed LLTCF nurse scholarship application. (See page 2.)
4. A personal essay describing your desire to continue working in long term care nursing and why you chose it as a career. (See page 3.)

Application forms along with supporting documentation should be completed and submitted **electronically** in **one email** to Karen Miller, LLTCF Foundation Director, at [kmill@lnha.org](mailto:kmill@lnha.org) with the subject line of “2018 LLTCF Scholarship Application” by **Friday, October 26, 2018** at 5 p.m. Your application will be automatically denied if you fail to follow these instructions or meet the criteria listed. Scholarship recipients will be announced in January 2019. If you have any questions, contact [Karen Miller](#).

Sincerely,

Karen Miller  
Louisiana Long Term Care Foundation Director



# 2018 Louisiana Long Term Care Foundation Nursing Scholarship Application Form

Applicant Information (please type)		
Applicant Name		
Mailing Street Address	City	Zip
Phone	Email Address	

Employment Information		
Facility Name		
Facility Street Address	City	Zip
Job Title	Date of hire (month / year)	
Years Employed by Facility	Full-time or Part-time Employee	Years' Experience in Long Term Care Profession

Educational Information		
Name of Educational Institution	Program Enrolled	
School Street Address	City	Zip
Program Start Date	Expected Graduation Date	Completed <b>All</b> Prerequisite Classes (If No Applicant is Not Qualified for Scholarship)
Full-time or Part-time Student	Special Training in Related Fields If Applicable	
Future Professional Plans		

## Personal Essay (please type)

In the space below, provide a brief essay including the following information:

- Any professional experiences you have in long term care.
- Your interest in long term care nursing as a profession.
- Any unique challenges you believe the long term care nursing profession holds.

**Signature**

**Date**

Remember to submit two completed scholarship recommendation forms. At least one form should be completed by your administrator. See page 1 for instructions and a link to the form.