



B.J. Treglown Scholarship for Registered Nursing Education

Sponsored by EHC Management

Winter 2019 Application Packet

Established in memory of BJ Treglown, a Long Term Care RN who had a passion for seniors and education. This scholarship is intended towards a candidate that is seeking a career as a RN in Long Term Care.

Criteria Information:

- Candidate must be a CNA, CMA, LPN, or RN and currently employed in long term care with a minimum of three years of experience, and seeking to achieve the next level in education with the end goal of career advancement in the long term care profession.

Successful candidates shall demonstrate the following through their application responses, essay and personal recommendations:

- An ability to overcome adversity with grace, good humor, true grit and tenacity while seeking to advance their future in nursing through education and work in the field.
- A commitment to and love of learning, a passion for their work with high expectations and work ethic, and the ability to lead, mentor and team build.
- A passion for serving the elderly population with love, compassion and spirited personality.

Please Note:

- Proof of acceptance into a registered nursing education program is required for release of funds and must be provided within six months of scholarship award. Proof of enrollment will be required.
- Scholarship funds will be paid directly to the educational institutions. Recipients who fail to complete a program upon initiation shall be responsible for repaying the Eldercare Support Foundation for any lost funds.
- Candidates not currently enrolled may be awarded, but scholarship funds will not be released until proof of acceptance into an accredited program is submitted to ESF.
- Scholarship funds will be used first to pay tuition and school fees. Additional reimbursement will be offered to the student for study guides, books, related testing expenses (like NCLEX), and license fees subject to approval by ESF.
- Scholarship awards are available up to \$15,000.
- Scholarship recipients must agree to continue work in the field of long term care for at least three years after the completion of the academic program for which the scholarship is awarded, and to provide ESF documentation of this fact.
- Scholarship funds may be awarded for a multi-year period contingent upon the candidate's yearly submission of proof of enrollment and competency (transcript) in a relevant degree program, and reapplication.
- Applicants must supply all information requested in this application. Incomplete applications **WILL NOT** be considered.

Please submit completed application by the deadline of 5pm on Friday, January 18, 2019

(complete scholarship packet should be mailed to address listed at bottom of page)



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Applicant Information

Please use this fill-able form to complete all of the requested information on the following pages, and submit any necessary attachments before the submission deadline.

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Student ID: _____ Preferred Way to Contact You: _____

Please include this ID on all documents you submit with this application

Are you currently working in LTC?

- Yes: How long have you worked in LTC? _____ Years _____ Months
 No: Describe why you are interested in a LTC career:

What education program are you pursuing?

- CNA CMA RA LPN RN Admin
 Marketing Life Enrichment Other: _____

What is your long term care professional goal or the position you are seeking?

Have you previously received an ESF Scholarship? Yes: Date(s) received: _____ No

How you will use your scholarship funds, if awarded (ex. Tuition, fees, books, and/or supplies):

Please indicate what other funding you are receiving for your education:



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Current Education

*Please check **ONE** statement below that best describes your current academic situation and include the requested info:*

I am currently enrolled in an accredited academic program:

Institution name/program title & location: _____
(Submit proof of enrollment with application)

Start Date: _____ Completion Date: _____ Cost of program: _____

Area of Study: _____

Degree Anticipated: _____

Current GPA: _____

I have applied and been accepted into a program, but my enrollment is dependent on funding:

Institution name/program title & location: _____
(Submit proof of acceptance with application. Proof of enrollment will be required)

Start Date: _____ Completion Date: _____ Cost of program: _____

Area of Study: _____

Degree Anticipated: _____

I have applied to a program and if I am accepted, and awarded this scholarship, I intend to enroll.

Institution name/program title & location: _____

Start Date: _____ Completion Date: _____ Cost of program: _____

Area of Study: _____

Degree Anticipated: _____

None of the above. Please explain:

Will the academic credits you are currently earning, or plan to earn, transfer to a community college, four year college, and/or a post graduate program?

Yes No I Don't Know



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Previous Education

Check all that apply and include requested info

High School (Name/Location): _____

Graduation Date: _____

Community College (Name/Location): _____

Dates of Attendance (or anticipated completion date): _____ to _____

Area of Study: _____

Degree Obtained (or anticipated): _____

College/University (Name/Location): _____

Dates of Attendance (or anticipated completion date): _____ to _____

Area of Study: _____

Degree Obtained (or anticipated): _____

Post Graduate Study (Name/Location): _____

Dates of Attendance (or anticipated completion date): _____ to _____

Area of Study: _____

Degree Obtained (or anticipated): _____

Other Educational Programs (Name): _____

Dates of Attendance (or anticipated completion date): _____ to _____

Area of Study: _____

Degree Obtained (or anticipated): _____



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Current Work Experience:

Position: _____ Start Date: _____ # of hours worked per week: _____

Place of Employment: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Phone: (W) _____ Fax: (W) _____

Email: (W) _____

Supervisor Name: _____ Email: _____

**If not currently working in long term care or a related field, please include a statement of interest in working in LTC in your personal essay*

Previous Work Experience:

Previous Employer: _____

Position: _____ Employment Dates: _____ to _____

Supervisor Name: _____ Email: _____

Previous Employer: _____

Position: _____ Employment Dates: _____ to _____

Supervisor Name: _____ Email: _____

Previous Employer: _____

Position: _____ Employment Dates: _____ to _____

Supervisor Name: _____ Email: _____

Other Work or Volunteer Experiences:



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Personal Essay

Please type a brief essay (1-2 pages, double spaced) on separate paper and attach to your application. Print your full name on each page of the essay submission. In the essay, please introduce yourself; describe why you enjoy working in the long term care profession, why you are good at working with seniors and what about you will make you a passionate RN in the field. Speak to your commitment to the profession, your passion for the work, and your abilities (traits/skills and characteristics) that make you the ideal candidate for this scholarship. Use specific anecdotes, life experiences and stories to illustrate your points.

Letters of Recommendation

Two letters of recommendation are required. One letter should be from a current supervisor or senior manager within the long term care community in which you are working. The second letter should be from a colleague within the long term care community in which you are working. **Letters must be mailed to ESF by due date.**

- Letters of recommendation should speak to the candidates' qualities skills and performance in their current position and personality traits, values and characteristics that would contribute to their success in the long term care profession they have identified as their goal.
- Letters must address the candidate's demonstrated interest and commitment to the long term care profession.
- Recommendation letters should also explain why the candidate would benefit from additional education/training and why the long term care profession would benefit from their continued service.
- Letters from supervisors or managers of communities should be submitted on the official stationery of the facility, and must include the name of the reference both printed AND signed, their title, company, and the date the letter was written.

Letters from colleagues may be submitted on personal stationery, but must reference professional association/specific work relationship with the candidate, and colleagues should provide their current employment information including title and contact information.

References must include phone numbers and email addresses.



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Signed Commitment of Intention

Please check the statements below and sign your name at the bottom. This page must be completed for your scholarship application to be considered.

- I understand that by submitting this application I am applying for the **B.J. Treglown Scholarship For Registered Nursing Education** and to the best of my knowledge I meet the criteria for this Scholarship described on page one of this application.

- I agree that all information contained in this application is true and factual.

If I receive the B.J. Treglown Scholarship For Registered Nursing Education,

- I commit to completing the education program for which the scholarship was awarded.

- I agree to continue work in the field of long term care for at least three years after the completion of the academic program for which the scholarship is awarded, and to provide ESF documentation of this fact.

- I agree to submit documentation to ESF upon completion of the current academic program for which the scholarship is awarded and to submit a brief summary of my experiences, including how my scholarship was used.

- I agree to allow the Eldercare Support Foundation to promote my award and use my image and the information contained in this application for that purpose.

- If I am unable to fulfill these agreements for any reason, I agree to immediately repay ESF the full amount of my scholarship award.

Print name: _____

Signature: _____ **Date:** _____



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Application Packet Completion Checklist

Please use this checklist to make sure you include the required information. Eligible submissions must include ALL of the following:

- Completed pages 2-5 of this application form requesting basic education and work experience
- Answers to four narrative questions as defined on page 6 of this application form
- Personal essay submitted on a separate sheet of paper
- Appropriate Academic Records:
 - Enrolled Students:** most recent transcript with grades and program completion date
 - New Students:** A copy of an acceptance letter from a school or accredited program
 - Prospective Students:** A dated copy of your application or other documentation of your plan to enroll. (funds will only be sent upon submission of proof of enrollment in an academic program)
- Letter of recommendation completed by a supervisory level representative
- Letter of recommendation completed by a colleague
- Additional letters of recommendation (optional)
- Signed commitment of intention (page 8) with your agreement to work in the field of long term care for at least three years after receipt of licensure, degree, or certification associated with the education program funded by the scholarship and to provide follow up documentation of this fact and a summary of how the funds were used.

**All application materials must be submitted to ESF by
5pm on Friday, January 18, 2019**

***Complete Scholarship Application Packet Should be mailed to:
ESF Scholarships
1800 Blankenship Road, Suite 475 - West Linn, OR 97068***

Applications not meeting the above criteria will not be considered.
(packet paper clipped together, not stapled)