Margaret Murphy Carley Scholarship for Nursing Education
Winter 2019 Application Packet

Margaret Murphy Carley has a passion for education and seniors. This scholarship named in her honor awards annually and is designed for certified nursing assistants who are seeking a nursing degree.

Criteria Information

Candidates Must:

- Be a certified nursing assistant currently working in the field of long term care and seeking an LPN, RN, or advanced nursing degree.
- Have demonstrated a commitment to quality in their work and a desire to advance their career in the long term care profession.

Please Note:

- Proof of acceptance into an accredited program should be submitted with scholarship application. Proof of enrollment will be required for the release of scholarship funds.
- 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 in or accepted into an accredited program may be awarded, but scholarship funds will not be released until proof of enrollment is submitted to ESF.
- Scholarship funds may be used for payment of tuition and fees.
- Up to a total of $5,000 may be awarded this cycle to one or more recipients, depending on program costs.
- 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:
ESF Scholarships
1800 Blankenship Road, Suite 475
West Linn, OR 97068
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: __________________________

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): ____________________________
**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:
Personal Essay

Please type a brief essay (1-2 pages, double spaced) and submit with your application. Print your full name and Student ID on each page of the essay submission. In the essay, please introduce yourself; describe why you enjoy working in the long term care profession, and why you are good at working with seniors. 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. Describe how you have demonstrated a commitment to quality in your work and how you have made a positive difference in the quality of life of the seniors you serve. Use specific anecdotes, life experiences and stories to illustrate your points.

Letters of Recommendation

At least one letter of recommendation is required from a current supervisor or senior manager within the long term care community in which you are working. Additional letters of recommendation from colleagues, academic professors/instructors, etc. may be submitted as well. 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 in the long term care profession and speak to their commitment to quality in their work and describe how they have made a positive difference in the quality of life of the seniors they serve.
- 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 stationary 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.

Additional letters may be submitted on personal stationery, must reference the 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.
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 MARGARET MURPHY CARLEY SCHOLARSHIP FOR 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 Margaret Murphy Carley Scholarship for Nursing Education,

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

☐ I agree to 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 2-4 of this application form requesting basic education and work experience
- 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 current supervisor/manager, academic professor/advisor, or other person knowledgeable about your qualifications
- Additional letters of recommendation (optional)
- Signed commitment of intention (page 7) 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

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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)