



The Long Term Care Nurses Association will award up to two scholarships in the amount of \$1,000.00 each in 2017 for RNs, LPNs and Nurse Aides to further their careers in nursing. **Application deadline is December 31, 2018.**



**WHO IS ELIGIBLE:**

- 1) You must be employed as an RN, LPN or Nurse Aide in a long term care facility/program in Illinois. If employed part-time, you must work at least 15 hours per week.
- 2) You must have at least one year of experience as an RN, LPN or Nurse Aide in a long term care facility/program.
- 3) You must be accepted in the clinical portion (3rd year) of a 4 year RN program; or be enrolled in an accredited RN program; or be accepted to an accredited graduate nursing program to earn an advanced nursing degree related to long term care.
- 4) You must submit proof of enrollment in nursing school.
- 5) You must be willing to practice as an RN in a long term care facility/program.

**TO APPLY YOU MUST:**

- 1) Complete Part I Application Form.
- 2) Attach a letter from the nursing school confirming enrollment and date of entrance.
- 3) Ask your Administrator/RSD or DON to complete Part II Scholarship Evaluation Form.
- 4) Attach Letter of Recommendation from Administrator/RSD or DON. **(Not same person who completed Scholarship Evaluation Form).**
- 5) Return completed forms and letters to Debbie Jackson, IHCA, 1029 South Fourth Street, Springfield, IL 62703. **All materials must be received by December 31, 2018, in order to be eligible.**

(Please print clearly or type)

Name \_\_\_\_\_

Social Security# \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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# **2019 Nursing Scholarship Application**

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**PART I**  
**Application Form**  
(to be completed by applicant)

I am currently employed as \_\_\_\_\_, but I am enrolled in a nursing school to upgrade my career to  RN  Advanced Nursing Degree. (Proof of enrollment at this school is attached.)

Years of experience in a long term care facility/program: \_\_\_\_\_

High School graduate or equivalent:  Yes  No

Describe your interest in long term care including how you became interested in the profession and related experiences you have had:

The terms "*quality of care*" and "*quality of life*" are used frequently in reference to long term care. What do these mean to you and what do you do to assure that your residents are receiving quality care and maximizing their quality of life?

Describe your future professional plans in the health care field and your commitment to long term care:

If you are awarded an LTCNA scholarship, will you practice as a nurse in a long term care facility/program after completing your training?  Yes  No

Briefly describe how you plan to fund your education:

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application must be submitted by December 31, 2018**

Return to: Debbie Jackson  
Illinois Health Care Association  
1029 South Fourth Street  
Springfield, IL 62703

Long Term Care Nurses Association

PART II

**RN, LPN & Nurse Aide Scholarship Evaluation Form**

(to be completed by the facility/program Administrator/RSD or Director of Nursing)

**Instructions:**

Please circle where you believe the employee stands between the two individual statements.

Guide for evaluation:

- 5 = the employee is a leader in this area
- 4 = indicates an above average rating
- 3 = indicates that the job description is being met in this category
- 2 = indicates a minor problem in this area
- 1 = indicates a major problem in this area

Please explain all scores in the comments section. Make sure the form is signed.

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**Quality of Care**

|   |   |   |   |   |   |  |
|---|---|---|---|---|---|--|
| Meets residents' psycho-social and physical needs               | 5 | 4 | 3 | 2 | 1 | Needs rarely met   |
| Shows good nursing techniques                                   | 5 | 4 | 3 | 2 | 1 | Rarely demonstrates good nursing techniques              |
| Displays caring therapeutic attitude while caring for residents | 5 | 4 | 3 | 2 | 1 | Shows impatience while providing daily care to residents |

**Briefly explain each rating (please print clearly or type):**

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## Behavior

|   |   |   |   |   |   |  |
|---|---|---|---|---|---|--|
| Intensely enthusiastic toward care of residents               | 5 | 4 | 3 | 2 | 1 | Apathetic                                      |
| Consistently cooperates with peers beyond own job description | 5 | 4 | 3 | 2 | 1 | Uncooperative, criticizes peers                |
| Consistently cooperates with supervisory staff                | 5 | 4 | 3 | 2 | 1 | Refuses tasks, shows disrespect to supervisors |
| Very interested in new experiences, shows eagerness to learn  | 5 | 4 | 3 | 2 | 1 | Unwilling to listen to others                  |
| Accepts correction and criticism with willingness to improve  | 5 | 4 | 3 | 2 | 1 | Responds to suggestions defensively            |

**Briefly explain each rating (please print clearly or type):**

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## Safety

|  |   |   |   |   |   |  |
|--|---|---|---|---|---|--|
| Familiar with facility/program safety policies         | 5 | 4 | 3 | 2 | 1 | Unfamiliar with facility/program safety policies |
| Follows infection control guidelines for all residents | 5 | 4 | 3 | 2 | 1 | Promotes cross-contamination                     |
| Uses equipment only when properly trained              | 5 | 4 | 3 | 2 | 1 | Needs frequent supervision when using equipment  |
| Practices good safety techniques                       | 5 | 4 | 3 | 2 | 1 | Must be told to correct unsafe conditions        |

**Briefly explain each rating (please print clearly or type):**

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# Dependability

|  |   |   |   |   |   |                                       |
|--|---|---|---|---|---|---------------------------------------|
| Reports for duty on all scheduled days           | 5 | 4 | 3 | 2 | 1 | Frequently absent                     |
| Rarely late                                      | 5 | 4 | 3 | 2 | 1 | Frequently late                       |
| Responds to call for duty on days of short staff | 5 | 4 | 3 | 2 | 1 | Responds negatively to calls for help |

**Briefly explain each rating (please print clearly or type):**

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# Conduct & Appearance

|  |   |   |   |   |   |  |
|--|---|---|---|---|---|--|
| Always respects confidentiality of residents                       | 5 | 4 | 3 | 2 | 1 | Shows poor judgment when discussing residents  |
| Shows mature conduct with relatives and visitors                   | 5 | 4 | 3 | 2 | 1 | Rude to relatives and visitors, uncooperative or critical of nursing home in front of relatives and visitors |
| Accurate in documenting resident care, consistent charting methods | 5 | 4 | 3 | 2 | 1 | Inaccurate documentation, unprofessional charting style  |
| Appearance and dress are always professional                       | 5 | 4 | 3 | 2 | 1 | Appearance and dress are not professional  |

**Briefly explain each rating (please print clearly or type):**

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Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ 20 \_\_\_\_\_