



**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](mailto:kniehoff@ihca.org)

Individual education scholarships will be awarded based upon the information provided by the applicant. **Applicants must possess a minimum high school diploma or its equivalent and have a current license(s) in one of the approved areas.** Scholarship recipients will be contacted on or before March 7, 2014 by IHCF.

Name: \_\_\_\_\_

(Last) (First) (Initial)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_/\_\_\_\_ Evening Phone: \_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

What is your highest level of degree complete? \_\_\_\_\_

High School Attended: \_\_\_\_\_

City, State: \_\_\_\_\_

Graduation Date: (mm/yy) \_\_\_\_\_

College Attended: \_\_\_\_\_

City, State: \_\_\_\_\_

Dates Attended: (mm/yy)\_\_\_\_\_ 2/yr Degree Earned: (y/n)\_\_\_\_\_ 4/yr Degree Earned: (y/n)\_\_\_\_\_

List any special training and volunteer experience in your community.

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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.**