Dear Amazing Health Care Workers:

You have the opportunity to win one of several college scholarships!

- A $3,000, $2,000 or a $1,000 educational scholarship from HAPPEN,
- Associates degree in Medical Specialties from Stevens-Henager
- CNA scholarship from CWI

Take the time to write a letter explaining why you are a good candidate* for this scholarship. Include your thoughts about the commitment it will require, the motivation you feel, and the expectations you have for yourself and your professional growth. Please remember as you write your letter that the voting committee doesn’t know you. Help us to get to know who you are and why you are passionate about the path you have chosen. Please include your contact information in case the committee has further questions for you.

You will also be required to get two personal references explaining why you should be considered for this scholarship

**Winners will be announced at the Caregiver of the Year Awards luncheon on May 24th, 2018**

Email or drop off your application packet to Jackie Smith at jackiesmith@thcri.com or Trinity Home Care & Resource, 5537A N. Glenwood St. Boise, ID 83714

By **May 4th, 2018.**

**HURRY - DEADLINE May 4th, 2018!**

*Candidates must be at least 18 years old and planning to pursue an education in healthcare.
Qualifications for the “I Make it HAPPEN” Caregiver of the Year Educational Scholarships

1. Must have completed and submitted the application for the scholarship, meeting all appropriate deadlines.
2. Must provide details (typed or written) of education plan, including name of school, name of program, intended dates of attendance, the expected graduation date, total cost of the program, and the breakdown of expenses to the Scholarship Committee.
3. Must become enrolled in and start classes for an educational program within one year from receipt of the scholarship.
4. Must declare a major and be in pursuit of a specific degree of winner’s choosing in the medical field.
5. Winner can choose the educational institution of their choice, but it must be with an accredited institution.
6. Must maintain at least a “C” average in the course(s) the scholarship if paying for.
7. Tuition to be paid directly to the institution of winners choosing.
8. Maximum reimbursement not to exceed the amount of scholarship.
9. Any unused money must be returned to HAPPEN.
10. Applicant must be a U.S. citizen or permanent resident.
11. Students need to provide proof of high school graduation or successful GED completion.
Thank you for applying for one of the following Scholarships that HAPPEN (Health Association Providing Positive Education and Networking) has to offer. Please put an X next to the scholarship you are applying for.

1. ____ College of Western Idaho’s Certified Nursing Assistant course including testing fees.
2. ____ HAPPEN $1,000 Scholarship
3. ____ HAPPEN $2,000 Scholarship
4. ____ HAPPEN $3,000 Scholarship
5. ____ Stevens-Henager Associates Degree in the Medical Specialties area.

Part I. Basic Information

Name (First, Middle initial, last):

Address (number and Street address):

City, State, Zip Code:

Date of Birth:

Highest level of education achieved: Date Completed

Part II. What are your education and career goals?

Feel free to type out your responses to the following questions for submission.

A. What’s the name of the school or training program you are attending or plan on attending:

B. What are you studying? (example: Bachelor of Science Nursing degree)

C. When is the estimated completion date for your studies? (month and year)

D. In 500 words or less, please explain your career goals and give specifics about how these funds will help fulfill your ambitions. Please attach your response to this form. Typed or hand written response will be accepted.
Part III. Ask people to tell us about you.

You will need two different people, who are not related to you, to fill out the reference form questionnaire. See attached.

Part IV. Submit your application.

Return completed application by May 4th, 2018 to Jackie Smith at the following addresses

Trinity Home Care & Resource, Inc.
Attn: Jackie Smith
5537A North Glenwood St.
Boise, ID 83714
Thank you for agreeing to provide a reference for ___________________________ who has submitted a scholarship request through HAPPEN (Health Associates Providing Positive Education and Networking). Please complete the following:

Completed by:

Name:______________________________________________ Date:________________

Organization:_________________________________________________________________

Title:________________________________________________________________________

Address:_____________________________________________________________________

Telephone Number:____________________________________________________________

Email:_______________________________________________________________________

For multiple years HAPPEN (Health Associates Providing Positive Education and Networking) has had the opportunity to offer scholarships to individuals looking to improve their education, skills, and employment prospects in the medical field.

Please answer the following questions with your personal knowledge of the applicant.

1. How long have you known the applicant, and in what capacity (Friend, co-worker, school instructor, employer)?

2. What is your knowledge of the applicant’s educational goals?
3. Please tell us what you believe are the applicant’s strengths regarding their personal, educational or professional life.

4. Is there any additional information we should know about when considering the applicant for a scholarship?