

JOHN W. MAITLAND, JR.



JOSEPH F. WARNER

LONG TERM CARE NURSES SCHOLARSHIP FUND

# 2022 Long Term Care Nurses Scholarships Now Available!

## Apply Today!

**The Illinois Health Care Association (IHCA) is now accepting applications for the 2022 Maitland-Warner Long Term Care Nurses Scholarship.**

### About the Scholarship

Each year, the *Maitland- Warner Scholarship Fund* awards scholarships of up to \$1,000 to individuals pursuing a nursing degree and employment in long term care (assisted living communities, programs for the developmentally disabled and centers for skilled pediatric, intermediate and skilled nursing levels of care).

### Qualifying Programs

- LPN
- RN
- APN

### Eligibility Criteria

To be eligible for a Maitland-Warner Scholarship, an applicant:

- Must have completed the prerequisites for an LPN, RN or APN program.
- Must be accepted into a nursing program on a full-time basis.
- Must be working in an assisted living or long term care center (either full-time or part-time).
- Must be committed to working as an LPN, RN or APN in an assisted living or long term care center.

### Application Process

You may submit your application materials online at [www.ihca.com/scholarships](http://www.ihca.com/scholarships).

For Additional Information Contact: Ashley Caldwell,  
Illinois Health Care Association at (800) 252-8988 or [acaldwell@ihca.com](mailto:acaldwell@ihca.com).

**Application must be submitted by June 30, 2022 to be considered.**

*For more information visit [www.ihca.com/scholarships](http://www.ihca.com/scholarships).*

You may also download the printable form and mail all of your materials to:  
Illinois Health Care Association | Maitland-Warner Scholarship  
1029 S. Fourth St. | Springfield, IL 62703

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## 2022 LPN, RN & APN Scholarship Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Degree: \_\_\_\_\_

### Employment

I am currently employed as a(n): \_\_\_\_\_

I am enrolled in nursing school to become an:  LPN  RN  APN

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Years of Experience in Long Term Care: \_\_\_\_\_

## Nursing School

School: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Expected Start Date: \_\_\_\_\_

## Other

- a. Describe your interest in long term care, including how you became interested in the profession and related experiences you have had:
- b. The terms “quality of care” and quality of life” are used frequently in reference to long term care. What does this mean to you and what do you do to assure that your residents are receiving quality care and maximizing their quality of life?
- c. Describe your future professional plans in the health care field and your commitment to long term health care:
- d. Briefly describe how you plan to fund your education:

## Terms of Agreement & Signature

### Terms of Agreement

The John W. Maitland, Jr.-Joseph F. Warner Long Term Care Nurses Scholarship Fund will award up to a \$1,000 scholarship for the 2022 Fall Semester directly to the applicant’s school for the benefit of the applicant. The scholarship award must be returned to the Scholarship Fund if the awarded recipient fails to satisfactorily complete coursework during the semester for which the scholarship is awarded, the recipient’s employer is providing full funding, and/or there is any unused portion or balance. **Note:** *This scholarship can only be used for tuition and books.*

**Eligibility Requirements**

- 1) Must have completed the prerequisites for an LPN, RN or APN program.
- 2) Must be accepted into a nursing program on a full-time basis.
- 3) Must be working in an assisted living or long term care center (either full-time or part-time).
- 4) Must be willing to work as an LPN, RN or APN in a long term care center or program.

**Required Information or Documentation**

- A copy of the letter of acceptance from the nursing program.
- Proof of completion of prerequisites for the LPN, RN or APN program (as applicable).
- **Two (2)** letters of recommendation, one by your Administrator and one by your Director of Nursing.
- Completion of RN and LPN Scholarship Evaluation Form completed by the Director of Nursing or Administrator.

**Submission Deadline**

***Deadline for submission of all materials is June 30, 2022.***

**Decision**

Final determination of scholarship awards will be made by the John W. Maitland, Jr.-Joseph F. Warner Long Term Care Nurses Scholarship Fund Board of Directors at their June meeting. All applicants will be notified of the outcome of their application.

**Acknowledgment**

I understand and agree with the terms of the Agreement and Eligibility Requirements and wish to be considered for a John W. Maitland, Jr. - Joseph F. Warner Long Term Care Nurses Scholarship Fund scholarship.

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

**Submission Instructions**

**\*BEFORE YOU SUBMIT: Do you have all of the Required Documentation (see list above) to send along with your completed Scholarship Application?**

Please send your submission materials to the address below. All submissions must be received by **June 30, 2022** to be considered.

**John W. Maitland, Jr. – Joseph F. Warner  
Long Term Care Nurses Scholarship Fund  
1029 South Fourth Street  
Springfield, IL 62703**

**217.528.6455 | F: 217.528.0452**

You may also access our online scholarship application by visiting [www.ihca.com/scholarships](http://www.ihca.com/scholarships). Please contact Ashley Caldwell at [acaldwell@ihca.com](mailto:acaldwell@ihca.com) or 800.252.8088 if you have any questions.



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## 2022 LPN, RN & APN Scholarship Applicant Evaluation Form

Applicant Name:

### Instructions

This evaluation form should be completed by the Director of Nursing or Administrator at the long term care facility where the applicant is currently employed and submitted along with the other application materials

*In the following categories, please indicate where you believe the employee stands between the two individual statements.*

Guide for evaluation:

5= the employee is a leader in this area

4= the employee is above average in this area

3= the employee is average in this area

2= the employee is slightly below average in this area

1= the employee is below average in this area

*Please explain any scores other than "3" in the comment section.*

### Quality of Care

*(Check one box for each set of statements)*

Meets residents' mental, psychosocial and physical needs	5	4	3	2	1	Does not meet the needs of residents
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses good nursing techniques	5	4	3	2	1	Does not meet the needs of residents
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Displays caring therapeutic attitude while caring for residents	5	4	3	2	1	Does not meet the needs of residents
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments (Explanation for score other than "3"):

## Behavior

(Check one box for each set of statements)

Enthusiastic about care of residents	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	Apathetic
Cooperates with peers	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	Uncooperative; criticizes others
Cooperates with supervisory staff	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	Refuses tasks; shows disrespect to supervisors
Interested in new experiences; demonstrates eagerness to learn	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	Unwilling to listen to others or try new experiences
Accepts correction and criticism with willingness to improve	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	Responds to suggestions defensively

Comments (Explanation for score other than "3"):

## Safety

(Check one box for each set of statements)

Familiar with facility safety policies	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	Unfamiliar with facility safety policies
Follows infection control guidelines for all residents	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	Promotes cross contamination
Uses equipment properly	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	Needs frequent supervision when using equipment
Practices good safety techniques	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	Must be told to correct unsafe conditions

Comments (Explanation for score other than "3"):

## Dependability

(Check one box for each set of statements)

Reports for duty on all scheduled days	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	Frequently absent
Rarely late	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	Frequently late
Responds to call for duty when short-staffed	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	Responds negatively to requests if short-staffed

Comments (Explanation for score other than "3"):

### Conduct and Appearance

(Check one box for each set of statements)

Follows HIPAA privacy requirements	<b>5</b> <b>4</b> <b>3</b> <b>2</b> <b>1</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Does not follow HIPAA privacy requirements
Shows mature conduct with resident relatives and visitors	<b>5</b> <b>4</b> <b>3</b> <b>2</b> <b>1</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Rude to resident relatives and visitors
Accurate documentation of care; consistent charting methods	<b>5</b> <b>4</b> <b>3</b> <b>2</b> <b>1</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Inaccurate documentation; unprofessional charting style
Appearance is always professional	<b>5</b> <b>4</b> <b>3</b> <b>2</b> <b>1</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Appearance and/or dress is not professional

Comments (Explanation for score other than "3"):

### Signatures

#### **Administrator**

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

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

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

#### **Director of Nursing**

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

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

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

**This evaluation must be included in the applicant's documentation.**

**Deadline for submission is June 30, 2022.**