



## “AIDE TO HEATH CARE PROFESSIONAL SCHOLARSHIP”

The Oregon Association for Home Care establishes the “Aide to Health Care Professional” scholarship program to encourage Home Health and Certified Aides to go on to higher levels of professional practice within the home care industry. Through this scholarship program, OAHHC aims to address the shortage of health care professionals in our state. The “Aide to Health Care Professional” program provides two scholarships each year to Home Health Aides and/or Certified Nurses Assistants actively employed in that capacity within the state of Oregon. In addition to scholarship funds awarded by OAHHC, applicants may qualify for additional matching funds (up to \$500) through an Aide-to-RN Scholarship program partnership between

OAHHC and the National Association for Home Care. Additional eligibility requirements will apply.

### Eligibility Requirements:

- Can demonstrate a 2.25 GPA from high school of graduation or G.E.D.
- Is currently certified as a nursing assistant or home health aide in the state of Oregon and has a certificate in good standing through the Oregon Board of Nursing
- Resides in the state of Oregon
- Is currently employed by a Oregon licensed and /or certified home care agency, assisted living facility or county department of public health
- Has worked as a certified nurses assistant or home health aide for a minimum of one year
- Desires a career as a health care professional in the home health care field
- Can show acceptance by or current enrollment in an accredited Health Care program.
- Is nominated for the scholarship by a representative of his/her employing agency
- Applicants are welcome to apply on a yearly basis whether or not previous scholarships have been awarded
- For applicants that meet the following additional requirements as established by the National Association for Home Care (Aide to RN) may be eligible for up to \$500 in an additional scholarship award through OAHHC:
  - An agency submitting an application on behalf of an aide must be a NAHC member
  - The applicant must attend or be accepted to attend an accredited School of Nursing (some students may require some remedial work in the nursing school or college prior to formal matriculation into the nursing program and that is acceptable), and
  - The applicant should indicate a desire to work in home care after obtaining the degree

### Scholarship Value:

- The scholarship award is a maximum of \$500. Depending on funds available, two or more scholarships may be awarded in a calendar year.
- The scholarship is payable to the recipient or directly to the school and is to be applied only toward tuition, books and other fees as directly related to educational requirements
- Scholarship funds will be distributed only upon receipt of a ‘balance due to’ statement from the school, or upon receipt of a paid invoice showing amount paid by scholarship recipient.

### Selection Criteria:

- Motivation and desire to pursue a career as a health care professional in the Home Heath Care field
- Worthiness of the applicant, as indicated by the nominator’s statement, as well as any additional support letters submitted with the application
- Priority will be given to individuals who have not already received other scholarship assistance
- Geographical distribution of scholarships may be considered by the Committee in the event that more than one scholarship is awarded in a given year
- Scholarships will not be awarded to family members or relatives of the Committee members
- Preference points will be awarded in the selection process to applicants pursuing a career with a clinical focus
- The OAHHC Education Committee will be responsible for the selection of the award

### Award Timeframe:

- Applications will be accepted year round
- Selection will be determined within sixty days of a new school year/semester
- Public announcement of all awards will be made at the annual OAHHC conference.

### Return required documentation and the enclosed application to



**“AIDE TO HEALTH CARE PROFESSIONAL SCHOLARSHIP”  
APPLICATION FORM**

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

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Employing Home Health Agency: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Nurses Aide License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Certified Home Health Aide Date: \_\_\_\_\_ Certified by What Agency: \_\_\_\_\_

School Year for Which Application is Made: \_\_\_\_\_ Semester [ ]; Spring [ ]; Summer [ ]; Fall [ ]  
*YEAR*

Applicant currently attends or has been accepted to: (name of school): \_\_\_\_\_

List other employers while working as a nurse’s aide: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order to process your scholarship application, the Oregon State Board of Nursing will be contacted to assure the OAHC Education Committee your license is in good standing.

Applicant Signature/Release of information \_\_\_\_\_ Date \_\_\_\_\_

Application process checklist:

- High school transcript demonstrating a 2.25 GPA or G.E.D. certificate
- Submit a copy of your current Oregon nurses aide license
- Submit a copy of your home health aide certificate
- Submit copies of documentation that you are attending or have been accepted to an accredited school of health care within the state of Oregon
- Submit a copy of a current Oregon drivers license or I.D. for residency verification
- Applicant will write a one page or more narrative that describes the reasons for wanting to become a home health care professional
- Sponsor will write a one-half page narrative in support of this applicant
- Applicant may attach other letters of support from co-workers or the community
- To qualify for additional funds through NAHC partnership program, a separate, additional application is required to be completed and is attached hereto. (Separate application required.)