



FACE of Kansas Certified Medication Aide (CMA) Scholarship Application Information

TO: All KHCA and KCAL Member Facilities

The Foundation for Aging and Caring of Elders of Kansas Inc. (FACE of Kansas) is pleased to offer the FACE of Kansas Education Scholarship Program. FACE will award \$500 scholarships to qualified future CMA's who are interested in enrolling in a KDADS approved CMA course in the state of Kansas. Potential recipients must have worked as a CNA for at least 6 months in a KHCA/KCAL member building and plan to continue a career in the Long Term Care Profession.

FACE of Kansas is a non-profit organization dedicated to the improvement of the long-term care homes of Kansas through professional opportunities and education for long-term care providers.

The Foundation for Aging and Care of Elders of Kansas, Inc. (FACE of Kansas) was established in 2006 to provide a community organization to promote quality care in Kansas adult care homes. FACE of Kansas seeks to improve the quality of care and services, and the quality of life for elderly and disabled Americans, through opportunities under which members may exchange ideas and obtain education to improve the knowledge, abilities, and standing of the adult care home profession.

Only one scholarship per facility may be awarded per year. The scholarship recipients will be selected by the FACE board. The applications will be reviewed based on the following factors:

- ◆ **Requirements** - Applicants must include letters of recommendation preferable from professionals currently working in the Long-Term Care Profession. Selection of recipients is at the discretion of the FACE Board. However, all selection decisions and awards shall be made without regard to race, creed, color, national origin, sex, age or disability.
- ◆ **Incomplete Applications** - Only applications that are submitted complete with attachments as described above will be considered by the scholarship selection committee. Incomplete applications will not be reviewed and will be returned to the applicant.
- ◆ **Application Form** - The application form must be completed by the applicant, endorsed by the sponsoring facility, and returned to the KHCA/KCAL office by physical mail, email, or fax.

Mailing address:

*KHCA/KCAL
PO Box 4770
1100 SW Gage Blvd
Topeka, KS 66604*

Email: khca@khca.org

Fax: 785-267-0833



APPLICATION FOR FACE of Kansas CMA Scholarship

DATE: _____

PERSONAL DATA

Name and Address of Applicant: _____

Name/Address of Sponsoring Facility: _____

Name and email address of Sponsoring Facility Administrator: _____

Name and email address of Facility DON: _____

Length of Employment at Facility: _____

Current employment Position in Facility: _____

In 500 words or less, please tell us what sparked your passion for elder care and why you believe you want to be a CMA. (Feel free to attach a separate document if needed)

I agree to reimburse the FACE scholarship fund of the full amount of the scholarship granted if I do not complete the program for which this scholarship is granted.

Signed: _____



FACE of Kansas Certified Medication Aide (CMA) Scholarship Addendum

Educational Institution in which you will take the CMA course: _____

Anticipated start date for the CMA course: _____

Scholarship funds will be sent to your facility. Please work with your supervisor on enrolling in the program that your organization prefers.

Full cost of course including books: _____