KHCA/KCAL Joan Hamel Nursing Scholarship
Application Information

TO: All KHCA and KCAL Member Facilities

The Kansas Health Care Association's Nursing Advisory Committee (NAC) is pleased to sponsor the Joan Hamel Nursing Education Scholarship Program. KHCA will award up to $2,000 in scholarship grants to KHCA or KCAL member facility employees who wish to further their nursing education.

Only one scholarship per facility may be awarded per academic year. The scholarship recipients will be selected by the Nursing Advisory Committee at their next meeting following receipt of the application and the recipients will be notified by KHCA/KCAL. The applications will be reviewed based on the following factors:

- **Facility Scholarship** - Applicants must first receive a scholarship from the sponsoring KHCA/KCAL member facility. The KHCA/KCAL Joan Hamel Nursing Scholarship Fund will match, **up to $500 per semester**, the scholarship funds received from the sponsoring facility. For LPN, up to two semesters may be approved. For RN programs, up to four semesters may be approved.

- The NAC board retains the prerogative to approve non-traditional nursing education for payment through the Joan Hamel Scholarship funds. Funds are not available for fulfilling prerequisite classes. Examples include: IV Therapy, Gero Nurse Prep, IPCO 2.0, and Infection Preventionist Certification.

- **Academically Accepted - The facility may submit an application prior to acceptance into a school of nursing.** Applicant must be accepted to an accredited school of nursing within twelve months of the scholarship selection for the funds to be awarded. The scholarship will be sent directly to the school of nursing at the appropriate time following verification of acceptance of the student into the program. Applicant must remain academically eligible for the second semester in order for the second half funds to be dispensed.

- **Employment Agreement** - Applicant must agree to work in the sponsoring KHCA/KCAL member facility for a minimum of one year after graduation or for a period of time deemed reasonable and appropriate by the sponsoring facility**.** The sponsoring facility may require a longer post-graduation employment period.

- **Educational Endeavor -** Applicants will not be discriminated against based on level of educational endeavor other than those imposed by the facility.

- **Requirements** - Applicants must include letters of recommendation from the administrator **and/or** DON. Selection of applicants is at the discretion of the KHCA Nursing Advisory Committee. 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.

Enclosed are the following:

- **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.

Physical Mailing address:
KHCA/KCAL
PO Box 4770
1100 SW Gage Blvd Topeka, KS 66604

Email: *khca@khca.org*
(preferred)

Fax: *785-267-0833*

APPLICATION FOR KHCA/KCAL JOAN HAMEL NURSING SCHOLARSHIP

DATE:_____

PERSONAL DATA

*Name and Address of Applicant:*_____

_____

*Social Security Number:*_____

*Name/Address of Sponsoring Facility:*_____

_____

Name of Facility Administrator: _____

*Name of Facility DON:*_____

*Length of Employment at Sponsoring Facility:*_____

*Employment Position in Facility:*_____

SCHOLARSHIP INFORMATION

*Amount of Scholarship Granted by Facility: $*_____

*Amount of Matching Funds Requested from Joan Hamel Nursing Scholarship Fund (Maximum $500 per Semester): $*_____

Scholarship Requested for _____ *School Year/Semester.*

Name/Address of School Applicant will be accepted at:

_____

_____

*Anticipated Date of Acceptance/Acceptance Date:*_____

Contact Person at School Responsible for Accepting Scholarship Funds:

_____

Type of Degree Sought: _____

*Estimated Length of Study to Complete Degree Requirement:*_____

Upon completion of my nursing education, I agree to work for the adult care home or long-term care facility that is sponsoring my application for the length of time as agreed. I further agree to reimburse the KHCA/KCAL Joan Hamel Nursing Scholarship Fund the full amount of the scholarship granted if I do not complete the program for which this scholarship is granted.

Signed: _____

(Applicant)

APPROVAL AND AGREEMENT BY SPONSORING FACILITY

This application is sponsored and approved by the named Sponsoring Facility

Dated: _____

(Please type name and address of facility followed by the signature of its responsible officer)

_____
Facility Name

_____
Facility Address/City/Zip Code

_____
Name & Email of Responsible Officer

_____
Signature of Responsible Officer