

Dear Amazing Health Care Workers:

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

- A \$6,000, \$5,000, \$4,000, \$3,000, \$2,000 or a \$1,000 educational scholarship from HAPPEN
- CNA scholarship from CWI (\$895 Value) – HAPPEN will cover the cost of additional required items (books, scrubs, testing, etc)
- \$5000 scholarship from Northwest Nazarene University/HAPPEN to be used in the nursing program at NNU.

Applications are available at [happenidaho.com](http://happenidaho.com), or contact Jackie Smith. Follow the application directions and be sure to submit all paperwork requested. We encourage you to include your thoughts about the commitment it will require, the motivation you feel, and the expectations you have for yourself and your professional growth. Help the voting committee know who you are and why you are passionate about the path you have chosen.

**Winners will be announced at the Caregiver of the Year Awards luncheon on May 19, 2020**

Email, mail or drop off your application packet to Jackie Smith at

[jackiesmith@thcri.com](mailto:jackiesmith@thcri.com) or

Trinity Home Care & Resource

6154 N. Meeker Place, Suite 150

Boise, ID 83713



**HURRY – DEADLINE is APRIL 24, 2020!**

\*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 your collegiate endeavors.
7. Scholarship funds 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.
12. Once enrollment is verified funds will be distributed to the school.



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 any scholarship you are applying for. Multiple scholarship areas may be marked.

1. \_\_\_\_\_ College of Western Idaho's Certified Nursing Assistant (HAPPEN will pay for the cost of books, clothing, and testing)
2. \_\_\_\_\_ HAPPEN \$1,000 Scholarship
3. \_\_\_\_\_ HAPPEN \$2,000 Scholarship
4. \_\_\_\_\_ HAPPEN \$3,000 Scholarship
5. \_\_\_\_\_ HAPPEN \$4,000 Scholarship
6. \_\_\_\_\_ HAPPEN \$5,000 Scholarship
7. \_\_\_\_\_ HAPPEN \$6,000 Scholarship
8. \_\_\_\_\_ NNU/HAPPEN \$5000 Nursing Scholarship

*Part I. Basic Information*

Name (First, Middle Initial, Last): \_\_\_\_\_

Address (Number and Street address): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

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 start date and 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. We encourage you to 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 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 Friday, April 24<sup>th</sup>, 2020 to Jackie Smith at the following addresses

Trinity Home Care & Resource, Inc.  
Attn: Jackie Smith  
6154 N. Meeker Place, Suite 150  
Boise, ID 83713

**HAPPEN EDUCATIONAL SCHOLARSHIP APPLICATION**

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 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?