

Foundation

for
Quality
Care



*James D. Durante
And
Ruth E. Stafford
Nursing
Scholarships
2012*

The Foundation for Quality Care, Inc. is an affiliate of the
New York State Health Facilities Association, Inc. (NYSHFA)

James D. Durante Ruth E. Stafford Nurse Scholarship Awards

The James D. Durante Scholarship will recognize students pursuing licensure as a Registered Nurse and Registered Nurses pursuing advanced degrees in nursing (Bachelors, Masters, Doctorate, Nurse Practitioner, Clinical Specialist.).

The Ruth E. Stafford Scholarship is for students entering or completing the Practical Nurse requirements for LPN licensure.

Three James D. Durante and three Ruth E. Stafford scholarships will be awarded this year, each in the amount of one-thousand dollars.

The Foundation for Quality Care, a subsidiary corporation of NYSHFA, administers the program. This Scholarship Fund has been established to provide financial support to nursing students pursuing careers in long term care.

The winners are chosen by NYSHFA's Workforce Development Committee. The scholarship recipients will be invited to attend NYSHFA's Annual Convention in June where they will receive their awards.

To Be Eligible, The Applicant Must:

Be a full or part-time employee of a NYSHFA member facility for at least *twelve months* prior to date of application. The applicant must be employed at the same facility at the time of the award presentation at the annual convention in June.

Be applying to or enrolled in / accepted to an accredited school of nursing program for the 2012-2013 academic year.

Upon successful completion of the course of study, scholarship recipients will work in a long-term health care facility for at least one year.

Application Requirements:

In order for your application to be considered, the following documents **MUST** be included in your application package:

- 1. A completed and signed application.**
- 2. Your Personal Statement** (see application for instructions).
- 3. Documentation from your academic institution** as follows:
 - If applying to a nursing program, a copy of the completed application to the academic institution must be provided.
 - If accepted, new students must provide a copy of the acceptance letter from a nursing school before the scholarship is awarded.
 - Enrolled students must provide most recent transcript with grades.
- 4. Three (3) letters of recommendation must be submitted.**
Two from a NYSHFA member facility, one of which must be supervisory level staff. The third should be from another source, i.e., academic, community, or professional.

Special Note: All recommendations must be submitted in a sealed envelope with the author's signature across the seal and be submitted as part of the application packet.

Previous applicants are welcome to apply.

Application Deadline:

**All Applications must be received no later than:
FEBRUARY 17, 2012**

Mail Completed Applications to:

Richard S. Patterson, Jr.
Foundation for Quality Care, Inc.
33 Elk Street, Suite 300, Albany, NY 12207

Awards Program

Each year the highlight of NYSHFA's Annual Convention (typically held the last week of June) is the Awards Program/Installation Banquet where we pay tribute to our award winners. These dedicated and caring professionals and volunteers are the backbone of our nursing facilities; without them we would not be able to provide the highest level of quality care and services offered by our member facilities. This brochure outlines the scholarship awards the Association and Foundation for Quality Care, Inc. offer.

Further information on eligibility criteria and deadlines can be obtained on the Foundation's website and is sent out in the NYSHFA Member Mailings.



For More Information:

Call 518-462-4800, Ext. 19

or

Visit our website at:

www.thefqc.org

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2012
James D. Durante & Ruth E. Stafford
Nurse Scholarship
APPLICATION FORM

Applicant Information:		
Applicant Name:	Telephone:	
Home Address:	Email:	
City:	State:	Zip Code:

Employment Information:		
Facility Name:	Telephone:	
Facility Address:		
City:	State:	Zip Code:
Applicant's Job Title:	Date of Hire:	Years Employed:
Facility Administrator's Name		

Educational Institution:		
Name:	Telephone:	
Address:		
City:	State:	Zip Code:
Enrollment / Matriculation Date:	Expected Graduation Date:	

Type of Program Which You Are Applying / Enrolled:	CHECK ONE		
	Applying To	New Enrollee	Currently Enrolled
RN Program			
Advance RN Degree			
Advanced Practice RN			
LPN Program			

Continue on Reverse Side of this page.

Personal Statement:

On a separate sheet of paper, please provide your response to the following questions. Your responses must be typewritten and should be between 50 and 75 words per question. Include your name at the top of each response sheet and attach this information to your application.

1. Why did you choose to work in a long-term care facility?
2. After completing the educational requirements for your nursing degree, how will you use your knowledge?
3. List two challenges of long-term care and describe how you will help the long-term care community meet those challenges.

Terms of Agreement:

I certify that I am in the process of applying, or meet all of the requirements for an enrolled student and/or a student in good standing at an accredited institution.

I certify that all of the information contained herein is true and correct.

If I receive a scholarship, I agree to provide the Foundation for Quality Care, Inc. with transcripts, including grades, as proof of enrollment in a nursing program in the year in which my scholarship is awarded.

Applicant Signature:

Print Name:	Applicant Signature	Date of Application:
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The following items **MUST** be included with your Application:

1. **Your Personal Statement (see instructions above).**
2. **Documentation from your academic institution (see brochure for details).**
3. **Three letters of recommendation (see brochure for details).**

Mail Completed Application Package To:

Richard S. Patterson, Jr.
Foundation for Quality Care, Inc.
33 Elk Street, Suite 300
Albany, NY 12207

If you have questions, please call: 518-462-4800, Ext. 19

APPLICATION MUST BE SUBMITTED NO LATER THAN FEBRUARY 17, 2012.



2012
James D. Durante & Ruth E. Stafford
Nurse Scholarship
RECOMMENDATION FORM

The following Applicant has applied for a Nursing Scholarship and has listed you as a Reference. Please provide the following information.

Applicant Information:	
Applicant Name:	Telephone:

Reference Information:		
Name:	Telephone:	
Address:		
City:	State:	Zip Code:
Position / Title:	How long have you known Applicant?	
Employer:	In what capacity do you know Applicant?	

Description of Applicant's Qualifications:

Please describe why you believe this applicant would be a worthy recipient of a nursing scholarship using specific examples.

- Limit your answer to a maximum of 150 words.
- Please sign and date your recommendation.
- Place written recommendation along with this recommendation form in **sealed envelope** with your signature across the seal, and return it to the applicant for inclusion with the application materials.

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