



ARRM

In Partnership with



New Americans Fellowship for Leadership in Long-Term Care

Thank you for your interest in participating in this fellowship program designed to support New Americans working in long-term care. This program provides training, mentorship, and leadership development to help participants grow their careers and strengthen Minnesota’s long-term care workforce.

Please complete the application below. All information will be kept confidential and used only for program selection, communication, and aggregate grant reporting.

Applications are **due by 5:00 p.m. on May 15, 2026.**

1. Applicant Information

Full Name: _____

Preferred Name (If Different): _____

Phone Number: _____

Email Address: _____

Personal Mailing Address (to receive student materials):

Street Address _____

City, State, Zip Code _____

Primary Language Spoken: _____

Preferred Contact Method: Phone Email Text Message

2. Region of Birth

East Africa West Africa Central Africa North Africa/Middle East

South Asia East Asia Southeast Asia

Central America South America Caribbean

Eastern Europe Western Europe Other: _____

3. Employment Information

Current Employer (Organization Name): _____

Current Job Title/Role: _____

Number of Years Working in Long Term Care:

Less than 1 yr. 1-2 years 3-5 years 6-10 years More than 10 years

Type of Long-Term Care Setting(s) - Check all that apply:

Home and Community-Based Services Group Home Assisted Living

Skilled Nursing Facility Other: _____

Are you interested in moving into a leadership or supervisory role:

Yes Maybe/Not sure yet No

4. Program Interest

Why are you interested in participating in this fellowship program?
(Short response: 3-5 sentences recommende.)

5. Career Goals

What are your career goals within long-term care?
(Short response: 3-5 sentences recommende.)



6. Support & Participation

Do you have employer support to participate in training activities?

Yes No Unsure

Will you need any support to participate? (Check all that apply)

Transportation assistance Scheduling flexibility Language support
 Childcare support Other: _____ No support needed

7. Availability

Are you able to attend:

In-Person Sessions: Yes No Depends on the location
Virtual Sessions: Yes No

8. Consent & Agreement

- I confirm that the information provided is accurate to the best of my knowledge.
- I understand that participation in this program may include training, mentorship, and surveys used for program evaluation and improvement.
- I agree to be contacted regarding this program.
- I attest that I am a New American or a child of a New American.

Applicant Signature: _____

Date: _____

Thank you for applying!

Program staff will review applications and follow up with next steps.

Please email this completed form and/or any questions you have to our Project Manager, Hannah Jenkins, at hjenkins@arm.org.

