ARRM

In Partnership with STAR SERVICES

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 September 11, 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: _____

Funding for this program has been provided by the New Americans Long-Term Care Workforce Grant from the Minnesota Department of Human Services.

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 supprot 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@arrm.org.