Home Health Aide Scholarship Program

2022 & 2023

PROGRAM OVERVIEW
The Home Care Foundation of NJ along with WellCare Health Plans of NJ are offering Home Health Aide scholarships to eligible Certified Home Health Aides who have chosen to pursue a career in nursing. The fund’s aim is focused on addressing the shortage of home care and hospice nurses in our state and increasing growth opportunities for Certified Home Health Aides.

ELIGIBILITY
- Applicant must reside in New Jersey.
- Applicant must currently be employed as a Certified Home Health Aide.
- Applicant must be employed by a member agency of the Home Care & Hospice Association of NJ.
- Applicant must have actively worked as a Certified Home Health Aide for a minimum of one year.
- Applicant must produce proof of acceptance to or current enrollment in an accredited school of nursing.
- Applicant must be nominated for the scholarship by a representative of their employing agency and the application must include the endorsement of senior management.

CRITERIA FOR SELECTION OF SCHOLARSHIP RECIPIENTS
- Motivation and desire to pursue an education and a career in nursing, either as a registered professional nurse (RN) or a licensed practical nurse (LPN).
- Worthiness of the applicant, as indicated by the sponsor and Senior Management’s endorsement statement and any additional support letters submitted with the application.

SELECTION PROCESS
Completed applications will be reviewed by the HHA Scholarship Committee. The Committee will select the scholarship winner(s) using criteria that include, but is not limited to, motivation to become a nurse, letters of support, and the strength of the application.

Preference is given to applicants who have not already been awarded the scholarship; however any qualified candidate is encouraged to apply.

Geographical distribution of scholarships may be considered by the Committee in the event that more than one scholarship is awarded in a given year.

The Selection Committee reserves the right to interview candidates.

NOTIFICATION OF WINNERS
Confirmation will be made to assure the nominee remains eligible and is continuing their plan to pursue nursing education. Scholarships will be awarded on a rolling basis. Recipients will be recognized during the Home Care & Hospice Association of NJ Home Health Aide Recognition Day luncheon/dinner hosted by HCHANJ and WellCare of NJ.
PAYMENT OF SCHOLARSHIPS

The scholarship award is $1,000. Scholarship checks are generally written to the school of nursing upon presentation of a term bill with a balance due. The award may also be applied to other bills for costs directly related to the nursing program. If the scholarship funds are not expended for the year in which the award is made, they can be carried over for up to eighteen months from the date of the award. In no case will the amount of the scholarship exceed $1,000.

OBLIGATIONS

In the event scholarship funds are dispersed and events preclude recipient from attending and completing classes, the Foundation Board reserves the right to seek repayment from the scholarship recipient.

APPLICATION SUBMISSION

All applications and supporting documents can be submitted on a rolling basis and emailed to Susan Manders at Susan@homecarenj.org.

The applicant is responsible for submitting all materials to the Home Care Foundation of NJ. Incomplete applications or those missing any required information and/or supporting documents will not be considered.

The Application must include:

1. Completed Application including: Home Health Aide Data form, Applicant Narrative, Sponsor Narrative, Senior Management Endorsement, and Signed certification.
2. Copies of documentation to verify the applicant will be attending the identified nursing program. Enrollment period must be noted.
3. If applicant is currently enrolled, grades must be submitted with application.

NEED ADDITIONAL INFORMATION?

Questions about the scholarship program should be addressed to:

Nancy Fitterer, President & CEO
The Home Care & Hospice Association of NJ
411 North Avenue
Cranford, NJ 07016
(732) 877-1100
nancy@homecarenj.org
# 2022 & 2023 Home Health Aide Scholarship Application

**PLEASE COMPLETE ALL SECTIONS OF THIS FORM & PRINT CLEARLY.**

## HOME HEALTH AIDE APPLICANT DATA

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Address</th>
<th>Apartment #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

County of Residence

Contact Phone Number

- [ ] Home Phone
- [ ] Cell Phone

Email Address

HCHANJ Member Agency Name

Hire Date with Current Agency

Date became a CHHA

CHHA Certificate #

### School Status:

- [ ] Currently attending Nursing School
- [ ] Has been accepted to Nursing School

Name of Accredited School of Nursing

School Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you received other scholarships or grants for your education?

- [ ] Yes
- [ ] No

If yes, please list each scholarship or grant and provide amount the amount for each award:

1. 

2. 

3. 

<table>
<thead>
<tr>
<th>Amount $</th>
<th>Amount $</th>
<th>Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**FOR HOME CARE FOUNDATION SCHOLARSHIP MANAGEMENT USE ONLY**

<table>
<thead>
<tr>
<th>Application Number:</th>
<th>[ ] Scholarship granted</th>
<th>[ ] Scholarship denied</th>
</tr>
</thead>
</table>
HOME HEALTH AIDE APPLICANT NARRATIVE

Applicant Name ___________________________________________________________

Your narrative is of primary importance in helping the selection committee make their decision. You may attach a separate document and/or use as much space as you would like.

In your response please include (1) the reasons why you would like to become a nurse, (2) your career goals and aspirations, and (3) how your experience as a Certified Home Health Aide in the home care and/or hospice setting has influenced you.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

HOME HEALTH AIDE CERTIFICATION

The Home Care Foundation of NJ Scholarship Selection Committee has the responsibility for selecting recipients based on criteria as set forth in the program’s description. This application becomes the property of the Home Care Foundation of NJ.

I hereby give consent to the New Jersey Home Health Aide Scholarship Fund ("Fund") and the Home Care Foundation of N. J. for the use of my name, photographs of me and/or biographical and/or scholarship information submitted by me to the Fund in newspaper or other media stories and press releases related to the N. J. Home Health Aide Scholarship Fund. In addition, I give consent to photograph, record or videotape me. I give this consent without restriction for purposes of publicizing the Fund and its activities, and solicitation of donations to the Fund.

I attest that I meet eligibility requirements for the scholarship as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of Information may result in termination of scholarship if awarded.

Applicant’s Signature ___________________________________________________ Date _____________________
SPONSOR NARRATIVE

Applicant Name __________________________________________________________

Sponsor Name ___________________________________________ Title ________________

Agency Name _____________________________________________________________

Email __________________________________________ Phone _______________________

It is important to gain insight about each candidate from agency staff. Please share why you believe this candidate should receive a scholarship to pursue a career in nursing. Please be sure to highlight the skills/traits that will support their role as a nurse.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature ___________________________ Date ___________________________
SENIOR MANAGEMENT ENDORSEMENT
I have read the applicant’s narrative and the sponsor’s narrative and it is with great pleasure that I fully endorse this application and ask that it be considered for approval by the Home Care Foundation of NJ Selection Committee.

Applicant Name ____________________________________________

Endorsed By:
Name ____________________________________________ Title ________________________________

Agency Name ____________________________________________
Email ____________________________________________ Phone ________________________________
Signature ____________________________________________ Date ________________________________

We encourage you to add additional documents to support this application.
APPLICATION CHECKLIST: DID YOU REMEMBER TO DO THE FOLLOWING?

The applicant is responsible for submitting all materials to the Home Care Foundation of NJ. Incomplete applications or those missing any required information and/or supporting documents will not be considered.

Please be sure to submit the following:

☐ Completed Application including:
  ☐ Home Health Aide Data form
  ☐ Applicant Narrative
  ☐ Sponsor Narrative
  ☐ Senior Management Endorsement
  ☐ Signed Certification

☐ Copies of documentation to verify acceptance to or enrollment in an accredited school of Nursing.

☐ Copy of grades (if applicant is currently enrolled in a nursing program and/or applicant has previously been awarded a scholarship)

☐ Any additional letters of support/reference from agency, co-workers, the community, or clients.

All materials must be addressed to:
Home Care & Hospice Association of NJ
411 North Ave East
Cranford, NJ 07016
OR
Emailed to susan@homecarenj.org.