

Partners in Community Supports
Home and Community Based Service (HCBS) Scholarship Program Application

APPLICATION DEADLINE FOR THE 2008 SCHOLARSHIP PERIOD IS 09/12/2008.

Scholarship Applicant:

Thank you for your interest in the Home Community Based Service (HCBS) Scholarship Program. Every complete application received by the required deadline will be given a fair and careful evaluation based upon the eligibility requirements of the program as defined in the HCBS Scholarship Program.

APPLICANT DATA

Last Name	First	Middle
Address		Apartment
City	State	Zip Code
Telephone () -		Email Address:

EDUCATION TO BE PROVIDED BY: Use Official school names. Do not use abbreviations

Name of Institution/Training Organization:	
City	State
<input type="checkbox"/> Certification <input type="checkbox"/> 2 yr College <input type="checkbox"/> 4 yr. College or University <input type="checkbox"/> Other (Please Describe):	
Major or course of study (if applicable):	
Expected college graduation date:	
Month	Year

FUND REQUEST

Scholarship Amount Requested (Maximum \$1,000):

Scholarship Funds Requested for:	
<input type="checkbox"/> Tuition \$	<input type="checkbox"/> Books \$
<input type="checkbox"/> Fees \$	<input type="checkbox"/> Other Related Expenses \$ (please describe)

PURPOSE OF HCBS SCHOLARSHIP

The purpose of the HCBS Scholarship Program is to (1) help create meaningful career paths for employees serving in the field of long-term care, specifically those serving in HCBS programs; (2) support efforts to recruit, retain, and train qualified employees; and (3) expand the long-term care workforce.

How will receiving a HCBS Scholarship assist you in meeting the purpose of the Scholarship Program? (please complete in the space below or on a separate attachment):

APPLICATION CHECKLIST

The applicant is responsible for submitting this completed application along with all related materials to Partners in Community Supports, Human Resource Department, by the deadline set. Incomplete applications will not be evaluated.

All applications and related materials must be addressed to: PICS, Attn: HR
1701 American Blvd. E. Suite 7
Bloomington, MN 55425

CERTIFICATION

I certify that I meet the basic eligibility requirements of the program as described in the Home & Community-Based Service (HCBS) Scholarship Program Policy and the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form as well as any information requested by PICS to fulfill the reporting requirements of the Home & Community-Based Service (HCBS) Scholarship Program. I acknowledge the decisions of PICS are final. Falsification of information may result in termination of any scholarship granted.

Upon completion of above course(s), I will submit proof of successful completion of the course. If I do not successfully complete the course for any reason or withdraw from the course, I will immediately notify and agree to reimburse the organization for any scholarship funds relating to the course or allow the funds to be withheld from subsequent earnings.

Applicant Signature:

DATE
