



NAHC/MHHA Paraprofessional to RN Scholarship Program



ATTENTION: April 13, 2012

NAHC and MHHA are pleased to announce a Paraprofessional-to-RN Scholarship Program. NAHC and MHHA will each award \$500 to a home health aide who would like to pursue a nursing degree. We invite all NAHC/MHHA members to participate. This award will be provided to one applicant per calendar year.

The MHHA office will accept scholarship applications until April 13, 2012. Applications will then be given to the Education Committee with all applicant names and employer information removed, to avoid bias. The Education Committee will make its selection in April followed by Board approval. The awardee will be announced during the Annual Conference Award Luncheon. Scholarship awardees will receive a check in the amount of \$500 from NAHC and \$500 from MHHA. Checks will be made payable jointly to the educational institution and recipient.

Please review the criteria below and complete the attached application.

Aide to RN Scholarship Criteria:

- The agency employing the applicant must be a member of NAHC and MHHA.
- The applicant must complete a scholarship application from the MHHA office or website.
- The applicant must be an active employee at the home health/hospice agency.
- The applicant must include with the application a letter of referral from his/her employer.
- The applicant must submit a narrative which includes a brief biography and a description of why he/she feels deserving of the award.
- The applicant must be currently enrolled in an accredited nursing program.
- The applicant must have demonstrated scholastic excellence with a minimum G.P.A of 2.5 as a college student with at least 30 credits completed.
- The applicant must submit a transcript of grades.
- Awards must be used for tuition, fees, books and/or supplies.

**NAHC/Michigan Home Health Association
Paraprofessional-to-RN Scholarship
Program**



Name of State Association _____

Contact Person _____

Phone # _____ Email address _____

Name of Home Health Aide Applicant _____

Name of Employing Home Care or Hospice Agency _____

Name of Accredited School of Nursing _____

Address _____

State Association Executive Director Signature _____

*Date _____

Applicant Section

I agree to the following conditions for this scholarship:

- 1) To attend an accredited School of Nursing;
- 2) To pursue employment in home care following graduation.

Name _____ Signature _____

*Date _____

Agency Section

NAHC Member ID number _____

Name _____

Agency Director _____

Address _____

Phone _____ Email address _____

Signature _____ *Date _____

***Application deadline: Applications must be received in the MHHA office by April 13, 2012.
Send to: Michigan Home Health Association, 2140 University Park Drive, Suite 220, Okemos,
Michigan 48864**

Phone: 517/349-8089

Fax: 517/349-8090