VCN Scholarship Application – Due August 10. 2025

First Name: _____ Last Name: _____

Address:

Current Employment:

Email:

Phone:

Best way to contact you?

Why are you interested in training as an HCA?

Have you had any work experience caring for an infirm or vulnerable person (a child or a frail or disabled adult)?

Without disclosing names, please describe what kinds of care you have provided (such as assistance with bathing, feeding, dressing, companion care, housekeeping, errands).

Have you had informal experience caring for friends or family? What did you do for that person?

What skills and qualities do you have that might make you a valuable caregiver?

Is there any area of caregiving in which you have a special interest? (e.g. young vs. elderly; hospice/end of life care; companionship for the elderly; neurological issues such as dementia)

What hobbies or interests do you have that might make you a good companion for an infirm person?

REFERENCES: Please provide the names and contact information, including phone numbers and emails of two references. Include the length of time you have known them and the general nature of your relationship (e.g.: employer, co-worker, someone you've cared for).

Reference 1.

Name _____

Phone _____ Email _____

How long have you known this person? _____

What is your relationship? _____

Reference 2.

Name _____

Phone _____ Email _____

How long have you known this person? _____

What is your relationship? _____