**Application for**

**Home Care Aide Training Scholarship**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best way to contact? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you have your own transportation?\_\_\_\_\_\_\_\_\_\_

Please answer the following questions:

1. Have you had any experience caring for an infirm person? (Note: previous caregiving experience is not necessary, but may be helpful). Please describe.

2. Why are you interested in training as an HCA?

3. What qualities do you think you have that might make you a valuable caregiver?

4. Do you have any interest in a further career in healthcare?

5. 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).

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

*Will need to include instructions on how to submit application.*