



Vashon Care Network Application for Home Care Aide Training Scholarship

**Print & Mail to: Vashon Care Network
ATTN: Bridget Webb
P.O. Box 13135
Burton, WA. 98013**

Name _____

Date of Birth _____

Email _____

Phone _____

Please answer the following questions:

Do you have your own transportation? _____

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

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).

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