



## **LONG TERM CARE FINANCE ASSOCIATION SCHOLARSHIP APPLICATION**

**(Deadline: June 30, 2024)**

**“CELEBRATING OVER 25 YEARS AT THE RESOURCE FOR SENIOR CARE  
BUSINESS PROFESSIONALS”**

Please **type** or **print** legibly

Date of Application:\_\_\_\_\_

Full Name:\_\_\_\_\_

Home Address:\_\_\_\_\_

City/Town:\_\_\_\_\_State:\_\_\_\_\_Zip Code:\_\_\_\_\_

Home Telephone Number: (Area Code)\_\_\_\_\_

E-mail address:\_\_\_\_\_

Employer's Name:\_\_\_\_\_

Employer's Address:\_\_\_\_\_

City/Town:\_\_\_\_\_State:\_\_\_\_\_Zip Code:\_\_\_\_\_

Current Position:\_\_\_\_\_

Years in current position:\_\_\_\_\_Numbers of Years in Long Term Care:\_\_\_\_\_

Name of Training or Educational Program:\_\_\_\_\_

Name of Educational Institution:\_\_\_\_\_

*Note: Select Page2 below*

\*Date of Enrollment: \_\_\_\_\_ Expected Degree, License or Certification: \_\_\_\_\_

If was qualified for other scholarship

\* Proof of academic course work, proof of admission is required.

Expected Date of Graduation: \_\_\_\_\_ Estimated Annual Cost of Program:  
(Tuition, Books, etc.) \_\_\_\_\_

Please submit one page type written essay describing your career goals in long term care and how this scholarship will assist you in obtaining these goals.

(Please attach documentation or description of the program you are enrolled in. Proof of acceptance into a program and or a copy of your most recent transcript would be very helpful.)

Signature of Applicant: \_\_\_\_\_

Signature of Applicant's Supervisor: \_\_\_\_\_

Telephone Number of Supervisor: \_\_\_\_\_

Please mail the completed application to LTCFA, C/O John P. Sennella, 4 Fairbanks Lane, North Reading, MA 01864 or by email to [Support@ltcfa.info](mailto:Support@ltcfa.info)

Questions? Please call LTCFA 508-918-2093 or send us an e-mail:

[Support@ltcfa.info](mailto:Support@ltcfa.info) .

Enclosures: