



LONG TERM CARE FINANCE ASSOCIATION
SCHOLARSHIP APPLICATION
(Deadline: June 30th 2022)

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

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: _____

Date of Enrollment: _____ Expected Degree, License or Certification: _____

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, 246 Walnut Street, Suite 203, Newton, MA 02460 or by email to Support@ltcfa.org

Questions? Please call LTCFA 1-617-467-5210 or send us an e-mail: Support@ltcfa.org .

Enclosures/ Attachments: