

**Building Resources for Delivering Person-Centered Care
in Georgia Nursing Homes Scholarship Program
2019 ALZHEIMERS DISEASE & DEMENTIA CARE SEMINAR
APPLICATION FORM**

As a part of a grant from the Centers for Medicare and Medicaid Services and Georgia State Survey Agency, these scholarships are intended to increase opportunities for Georgia nursing home staff and related stakeholders to gain training in various aspects of person-centered care.

This scholarship will provide GA nursing home staff and related stakeholders, including: residents, informal care partners for a resident (family, friend, volunteer), GA Long Term Care Ombudsman, and State of GA Surveyors, an opportunity to increase their skills in providing person-centered care.

1. **DEADLINE** for submission of scholarship applications is **Tuesday, September 3, 2019 for the Stockbridge seminar and Tuesday, October 15, 2019 for the Dalton seminar.**
2. Type or print legibly. Illegible or incomplete applications will not be accepted.
3. Applications may be submitted via email, fax, or mail.
4. If you have any questions about the application, please email Crystal Warren Williams at cwilliams259@gsu.edu or call at 404-413-5218.

SCHOLARSHIP AWARDS:

- Applications will be reviewed as they are received, and you will be notified of final decisions within two weeks of application receipt. You will be notified by phone or email the status of your application.
- Applications will be considered on a first come-first served basis.
- The \$500 scholarship will be paid **directly to the scholarship recipient** as a scholarship/ stipend award to cover expenses related to attending the Seminar.
- Conference registration will be completed by scholarship recipient and payment is due at time of registration.
- The scholarship funds will be distributed to scholarship recipients and will be sent to the home address they provide by check. This process may take 4 to 6 weeks from submission of the form.

SCHOLARSHIP REQUIREMENTS:

- Recipients must register for Alzheimers Disease & Dementia Care Seminar with Tabitha Johnson. Register here: <https://dementiaed.com>
- Recipients must arrive on time and stay for the full seminar.
- Recipients will be required to document what you learned at the Seminar by completing a post-conference evaluation.
- Recipients will be required to document (on the post-conference evaluation) how you will share information and resources with peers and others in your nursing home.
- Recipients will be required to email/fax back a worksheet that documents how information was shared in their work or life 30-60 days after the event.

Please type or print your answers in the boxes below

Personal Information	
Last Name:	First Name:
Email:	Phone:

Job Title/Role (Mark the box that most closely matches your job title/role)
<input type="checkbox"/> Nursing Home Administrator or Assistant Administrator
<input type="checkbox"/> Nursing Home Director of Nursing or Assistant Director of Nursing
<input type="checkbox"/> Director of Admissions
<input type="checkbox"/> MDS Coordinator
<input type="checkbox"/> Registered Nurse – Staff Nurse or Nurse Manager
<input type="checkbox"/> Licensed Practical Nurse – Staff Nurse or Manager
<input type="checkbox"/> Certified Nursing Assistant
<input type="checkbox"/> Director/Coordinator of Staff Development
<input type="checkbox"/> Nursing Home Department Director/Manager (e.g. Housekeeping, Maintenance, Laundry)
<input type="checkbox"/> Activity Professional or Life Enrichment Director
<input type="checkbox"/> Social Worker
<input type="checkbox"/> Director of Human Resources
<input type="checkbox"/> Nursing Home Staff working in Dietary, Housekeeping, Maintenance, etc.
<input type="checkbox"/> Resident
<input type="checkbox"/> Informal Care Partner for a nursing home resident (family, friend, volunteer)
<input type="checkbox"/> Georgia Long Term Care Ombudsman
<input type="checkbox"/> State of Georgia Surveyor
<input type="checkbox"/> Other (please list): _____

Nursing Home Information (Mark N/A if you are a LTCO, surveyor or other non-affiliated nursing home stakeholder)		
Name of Nursing Home:		
Street Address:		
City:	State:	Zip:

Dementia Education Seminar Event (Please select one location)

<input type="checkbox"/>	Stockbridge, GA: September 12
<input type="checkbox"/>	Dalton, GA: October 29

Personal Statement

Why do you want to attend the 2019 Alzheimers Disease & Dementia Care Seminar?

What do you think will be the benefit(s) to you as a result of attending the Seminar?

How will you share what you learn at the Seminar, and with whom will you share it?

CERTIFICATION STATEMENT:

By signing my name below, I confirm that all of the information provided is true and correct to the best of my knowledge.

Signed: _____ Date: _____

Please email, fax, or mail your completed scholarship application to:

Email: cwilliams259@gsu.edu

Fax: 404-413-5219

Mail:

The Gerontology Institute
Georgia State University
Attention: Crystal Williams
PO Box 3984
Atlanta, GA 30302-3984