

SCHOLARSHIP APPLICATION FORM
FOR GEORGIA NURSING HOME STAFF AND STAKEHOLDERS TO ATTEND
GHCA Virtual Winter Convention & Expo
February 8-28, 2021

For more information use link below

<https://web.cvent.com/event/c40ed887-c25e-4e2d-bc40-cb4962929c6a/summary>

**Building Resources for Delivering Person-Centered Care
in Georgia Nursing Homes Scholarship Program
2021 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 nursing home 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 **Wednesday, February 3, 2021**.
2. Type or print legibly. Illegible or incomplete applications will not be accepted.
3. Applications may be submitted via email or fax. **Email is preferred.**
4. If you have any questions about the application, please email Kim McRae at kimmcrae@earthlink.net.

SCHOLARSHIP AWARDS:

- Applications will be reviewed as they are received and you will be notified by email the status of your application.
- Applications will be considered on a first come-first served basis.
- The scholarship will be paid directly to GHCA to cover the conference registration fee. If you receive a scholarship, you **do not** need to pay when registering to attend the convention. **Please use the registration information provided in the award letter.**

SCHOLARSHIP REQUIREMENTS:

- Recipients are required to register directly with GHCA **using the registration information** you will be provided in the award letter.
- Recipients will be required to document what you learned at the GHCA Winter Convention 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:

Personal Statement

Why do you want to attend the 2021 Conference?

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

How will you share what you learn at the Conference, 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 your completed scholarship application to Kim McRae or fax the application to the attention of Crystal Warren Williams. Email is preferred.

Email: kimmcrae@earthlink.net

Fax: 404-413-5219

Culture Change Network of Georgia Mission

To change the way Georgians think and feel about aging and disability by creating the kind of care and support we want for our loved ones and ourselves.

Culture Change Network of Georgia Steering Committee

Walter Coffey & Kim McRae: CCNG Co-Founders (WD International Consulting & Have a Good Life, respectively)

Ginny Helms: LeadingAge Georgia

Pam Clayton: GHCA

Linda Kluge: Alliant Quality

Jennifer Craft Morgan: Gerontology Institute, GSU

Becky Kurtz: Atlanta Regional Commission

Rose Marie Fagan: Founding/Former ED National Pioneer Network

Rachel Wilson: Tools for Life/GA Tech