

2024 Scholarship Program

LeadingAge MN Foundation

Introduction to Application

Thank you for your interest in applying for a LeadingAge Minnesota Foundation Scholarship. All positions and departments within LeadingAge MN provider member sites are eligible to apply.

Please return this application by May 20, 2024 at 5pm.

Applications that fail to meet all guidelines or are incomplete cannot be considered for review. You will receive an email confirmation that your application has been received.

For questions regarding this scholarship program or if you do not receive a confirmation after submitting your application, please contact Lori Meyer at lmeyer@leadingagemn.org.

Applicant Name*

Character Limit: 100

Your Preferred Email Address*

Please provide the email address where you'd like to receive future communications about this scholarship process. It can be the same as the email you're using for your log-in.

Character Limit: 254

Applicant Mailing Address*

Include street address or P.O. box, city, state, and zip code.

Character Limit: 500

Organization Name*

Character Limit: 250

Location of Organization - Name of city or town*

Character Limit: 250

Current position*

Provide your job or position title.

Character Limit: 250

Post-secondary Institution Name*

Please provide the name of the school that you are or will be attending.

Character Limit: 250

Major or Degree Being Pursued*

Character Limit: 250

Number of Years Working in the Aging Services field*

Character Limit: 250

Scholarship Eligibility

Age Requirement*

I certify that I am at least 17 years of age or older.

Choices

Yes

No

Employment Requirement*

I am employed by a provider member of LeadingAge Minnesota (care center, senior housing, assisted living, adult day services, etc.).

Choices

Yes

No

Enrollment Requirement*

I am currently enrolled, or will enroll no later than fall 2024, in an accredited post-secondary institution of higher education.

Note: If awarded a scholarship, you will be asked to submit evidence of enrollment such as a letter of acceptance or a class schedule.

Choices

Yes

No

Scholarship Amount

Amount Requested*

Request from \$500 to \$1,500. Partial awards may be made.

I am requesting a scholarship in the amount of:

Character Limit: 20

Scholarship Application Essay

Describe your personal background.*

Include how you became interested in working with older adults.

Character Limit: 3500

Describe your work history.*

Include the name of the organization and your role at that older adult services site. Describe 3-4 meaningful experiences you've had in your work life.

Character Limit: 3500

Describe your career aspirations.*

Include where you see your career in five years. Describe your commitment to working in the older adult services field after completing your education.

Character Limit: 3500

Describe how your academic program will advance your personal and professional development.*

Include how you see this education helping your career in long-term care.

Character Limit: 3500

Applicant Signature

I hereby affirm that all the above information provided above is true and correct to the best of my knowledge.

I hereby understand that if chosen as a scholarship recipient, according to LeadingAge Minnesota Foundation policy, I must provide evidence of enrollment/registration with an accredited, post-secondary institution before my scholarship funds can be awarded.

Applicant Signature*

Entering your Name into the following field constitutes an electronic signature.

Character Limit: 200

Date of Signature*

Character Limit: 10

Letters of Reference

Applicants are required to obtain two letters of reference. One must be from your supervisor or the administrator of your organization.

In making scholarship awards, reviewers look for strong letters of reference from people familiar with your work in aging services.

Reference Letter #1*

File Size Limit: 5 MB

Reference Letter #2*

File Size Limit: 5 MB