

2026 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 11, 2026 at 4pm.

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 Gina DiMaggio at gdimaggio@leadingagemn.org.

Applicant Name*

Character Limit: 100

Cell Phone Number*

Character Limit: 20

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

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

What is your expected academic standing in the fall semester?*

Choices

- Associate Degree – First Year
- Associate Degree – Second Year
- Bachelors– First Year (Freshman)
- Bachelors – Second Year (Sophomore)
- Bachelors – Third Year (Junior)
- Bachelors – Fourth Year (Senior)
- Master’s Student
- Doctoral Student

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 2026, 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 \$2,500. Partial awards may be made.

I am requesting a scholarship in the amount of:

Character Limit: 20

Scholarship Application Essay

Describe your personal background and what inspired your interest in working with older adults.*

In your response, consider sharing:

- Any personal, cultural, or community influences that shaped your interest in this field.
- Experiences or moments in your life that drew you to work with older adults.
- How your background or upbringing contributes to your passion for this work.

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

Please share anything else that you would like us to know about you.

Character Limit: 3500

Letters of Reference

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

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

Photo and Application Materials Release Waiver*

By checking the box below, I grant **LeadingAge Minnesota Foundation** permission to use, edit, and distribute my submitted photographs and application materials for promotional and informational purposes, including:

- Print and digital publications
- Websites and social media
- Newsletters and media releases

I understand:

1. My materials may be edited for clarity but not altered in meaning.
2. These materials may be used indefinitely without compensation.
3. My submission does not infringe on any third-party rights.
4. This release is voluntary and not required for scholarship eligibility.

Opt-Out: If you do not wish to grant this permission, select the "I do not agree" option.

Choices

I agree to the statement above

I do not agree