

BAYADA PRESIDENTIAL SCHOLARSHIP APPLICATION

Make an investment in your future and apply for a BAYADA Presidential Scholarship today. Now is your opportunity to apply for a monetary award from our scholarship fund to help you achieve your personal and professional goals. Please return the completed application to your office by May 17, 2013.

Requirements:

- 1. You must be a BAYADA professional caregiver (field employee).
- 2. You have worked a minimum of 26 actual weeks for BAYADA Home Health Care as of April 7, 2013.
- 3. Include a one-page typed or legibly written essay telling us how the course applies to your educational goals and why you deserve to be awarded the scholarship. Include any academic achievements, community service or volunteer work, and any awards or honors you may have received, such as being selected as a Hero of the Quarter within your office.
- 4. Include two letters of recommendation that tell us how you embody *The BAYADA Way*. At least one must be written by your client services manager or office director. The second can be written by a clinical manager, client, or coworker.
- 5. The submission deadline is May 17, 2013. Awards will be given to those who meet eligibility requirements and will be chosen by a selection committee before July 1, 2013. Individual awards will range from \$100 to \$1,000 and are intended to be applied toward expenses for one class, course, seminar, training, etc. taken from fall 2013 through summer 2014.
- 6. If chosen, monetary awards will be issued only if you submit official receipts or invoices for out-of-pocket educational expenses. Scholarship payments may be made directly to a financial aid lender if loan payment coupons are produced, or to a school when balances are due. All awards must be claimed by summer 2014. To remain eligible, you must also be an active BAYADA professional caregiver in good standing with BAYADA throughout the completion of the course, and successfully complete the course with a grade of C or better. Should you drop or not complete the course, or not receive the required grade, you will be responsible for the return of the tuition payment.

Personal Information					
Last Name	First Name			Social Security Number	
Employee Number	Office Name			Office Abbreviation/Number	
Position	ion Employment Dates				
Educational Background					
Name of School	Address/City/State	Ye	Years Attended		Degree Received In
Name of School	Address/City/State	Address/City/State Y			Degree Received In
License/Registry Number	State of Issue		Expiration Date		
Education Program or Course Information					
What is the title of the job-related educational class you wish to take from fall 2013 through summer 2014?					
What is the estimated cost for this one class?					
How will this class relate to your position at BAYADA?					
Where is this class being offered?					
Are you currently enrolled in a personal or educational program here?					
I agree with the terms and conditions of being awarded a scholarship as indicated in the Requirements section of this application and certify that the information provided on this application is accurate to the best of my knowledge.					
Applicant/Employee signature Date					