Wisconsin Health Care Association
George F. MacKenzie Scholarship Program

Rules of Eligibility

1. The award is restricted to employees of WHCA member facilities, Associate Members and/or their families.

2. The application must be received at the WHCA/WiCAL offices located at 131 West Wilson Street, Suite 1001, Madison, WI 53703 no later than July 31, 2013.

3. Applicant must provide evidence of acceptance to a technical school, university or college program for Associate Degree Registered or Licensed Practical Nurse or a Bachelor Degree for Registered Nurse.

4. Applicant will be required to submit two references, which will provide information that will aid the committee in evaluating the applicant’s general merit. One should be from an educator and one from an employer or other individual. References from relatives will not be accepted.

5. An independent scholarship committee will make the award. The decision of the committee is final and absolute.

6. Notification of the grant will be announced at the WHCA Annual Fall Convention. Recipients will be notified in writing.

7. The George F. MacKenzie Scholarship Fund will pay jointly to the recipient and to the school.

8. Awards will be granted in amounts of $500 each. A maximum of $2,000 could be awarded to a person each year.

9. In the event a recipient receives consecutive awards, copies of grade transcripts must be provided.

10. Recipients are requested to be employed at a WHCA facility for at least one year upon their graduation.

11. The recipients shall communicate at least annually with the committee until training is completed.
Wisconsin Health Care Association
George F. MacKenzie Scholarship

Application

Name: ______________________________ Date _______ Position:_____________________

Address: _____________________________________________________________________

City: ________________________________________________ State: _____ Zip:________

Phone Number: _______________ Fax Number: __________Email:______________________

Please answer the following:

1. How long have you been employed at a WHCA Facility? _______________

2. Which scholarship are you applying for? _____ RN ____LPN

3. Have you been accepted to an accredited RN/LPN program? _____Yes _____No

   If not, when do you anticipate completion of the RN/LPN program? _______

4. List any hobbies, interests, and community involvement:

   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

5. List any awards or achievements you have received:

   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

5. Please write a short narrative on why you want to become an RN/LPN and what makes you an excellent candidate for a George F. MacKenzie Nursing Scholarship.

6. Please attach two letters of reference. One letter should be from an educator or a past employer who has known you for at least two years. Neither reference may be from a relative.

Application must be received in the WHCA office by July 31, 2013

➢ To mail, send to: 131 W. Wilson St., Suite 1001, Madison, WI 53703
➢ To fax, send to: 608.257.0025
➢ To email, send to: skitch@whca.com

Signed _________________________________________ Date _________________________