



Illinois Pioneer Coalition

Scholarship Program

Applications for the 2024 scholarships are now being accepted. To be considered for an award, submit your application by April 30, 2024.

Required Eligibility and Criteria Documentation for Application

1. Must be a someone who is currently employed in an Illinois Long-Term Care Community (either full-time or part-time) who is looking to further their education in healthcare
2. Must be committed to advancing your education with a focus on caring for older adults (e.g. in a degree program or certification)
3. Required documentation
 - Must submit the following to be considered for this scholarship:
 - a. Completed & signed application form, including responses to the three statements
 - b. An essay describing your interest in caring for older adults and working with older adults in long term care; include how you became interested in caring for older adults (1-2 pages)
 - c. A description detailing your educational plan that includes:
 - the college or organization/agency through which you will receive your degree or certificate
 - If appropriate, a copy of the letter of acceptance from the nursing school or agency
 - Plans for funding your education
 - d. Letter of Recommendation from your supervisor, professor, or facility Administrator/Director of Nursing that demonstrates support for your educational plan

Vivian and Mary Tellis-Nayak Scholarship

Application Form - 2024

This is a pdf fillable form.

Applicant Information:

Full Name:

Date:

Address:

City, State, Zip:

Phone:

Email:

If you currently hold a license/certification in a health care field, please indicate:

Current Employment:

Place of Employment:

Address:

City, State, Zip:

Phone:

Current Position:

Administrator:

Director of Nursing:

Supervisor:

Years of experience in caring for older adults:

Type of educational program attending:

Name & Address of the School or Program:

Start date of educational program:

Estimated completion date of program:

Please respond to the following statements: (attach additional pages as needed)

- 1) I would like to advance my knowledge in working with older adults because:

- 2) Describe a situation in which you connected with an older adult in your workplace and how you improved quality of life for that person:

- 3) Describe your future plans in the healthcare field and your commitment to delivering quality care for older adults:

Terms of Agreement: The Illinois Pioneer Coalition will award up to a \$1000.00 provisional scholarship to the applicant for above mentioned educational program.

I understand and agree with the terms of the Agreement, Eligibility and Criteria Requirements, and Negotiated Timeline and wish to be considered for the Illinois Pioneer Coalition Scholarship.

Applicant Signature:

To submit application, including all required documents, either

scan and email to: SteberTraining78@yahoo.com

OR

mail to: Illinois Pioneer Coalition
Joyce Steber
8745 Worley's Mill Road
Marion, IL 62959

Contact Joyce Steber at above email with questions please.