

JCAHPO EDUCATION AND RESEARCH FOUNDATION

DISASTER RELIEF SCHOLARSHIPS

Guidelines for Selecting Scholarship Recipients

A. CRITERIA FOR ELIGIBILITY

All applicants must complete an application to the JCAHPO Education and Research Foundation (*available at www.jcahpo.org on the Foundation pages, or from the Foundation office*). Application must be signed by the applicant and the sponsor or supervisor.

B. SELECTION OF SCHOLARSHIP RECIPIENTS

Selection of scholarship recipients is made by the Foundation Board of Directors on a first-come, first-served basis, and as funding is available.

C. CONDITIONS APPLICABLE TO SCHOLARSHIPS

1. Scholarships will be in the amount of \$300 or less.
2. A person may receive only one disaster relief scholarship within a three-year period.
3. The cooperation of recipients shall be requested in facilitating the publication of a news release and/or article in a newsletter.

D. DISTRIBUTION OF SCHOLARSHIPS

1. Vouchers will be issued for credit in amounts up to \$300 per individual and may be used for JCAHPO-sponsored continuing education courses, JCAHPO continuing education products available on the JCAHPO order form, i.e., Refinements or audio/video lectures, certification examination fees, and recertification fees.
2. Scholarships will be given based on available funds.

APPLICATION
DISASTER RELIEF SCHOLARSHIP
PLEASE PRINT ALL INFORMATION CLEARLY

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE _____ E-MAIL _____

EMPLOYER

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Phone _____ Start Date* _____
Position _____ Sponsor/Supervisor _____

**If you have been in your present position less than five years, please give details of previous employment on a separate sheet.*

TYPE OF SCHOLARSHIP BEING APPLIED FOR:

____ Recertification (Date Due _____) ____ Certification ____ Continuing Educ. ____ Retest

CURRENT LEVEL OF CERTIFICATION: COA ____ COT ____ COMT ____ I am not certified ____

Proposed date of examination _____ Level of Examination _____

Date of JCAHPO-sponsored CE course _____ City/State _____

Amount of Funding Required (recert fee/exam fee/CE course, Continuing Education) \$ _____

How did the disaster affect you financially? _____

*If you are requesting funding to move to a **higher level** of certification, how will this benefit you?*

*If you are requesting funding to **become certified**, why do you want to be certified?* _____

I attest that all information provided in this application is true and accurate to the best of my knowledge.

Signature Date

Sponsor/Supervisor Signature Date

Mail to: JCAHPO Education & Research Foundation, 2025 Woodlane Drive, St. Paul, MN 55125-2998

Need help completing the application? Have questions? You may call Carol Kofoed, Foundation Coordinator, at (800) 284-3937, ext. 246 or (651) 731-7246.