VERMONT DIRECT CARE INITIATIVE SCHOLARSHIP PROGRAM APPLICATION

BACKGROUND

The State of Vermont's median age is the second oldest in the United States according to the most recent US Census data. The COVID-19 Pandemic has highlighted the critical shortage of health care staff across the spectrum of medical services in Vermont. This need is especially acute at entry level positions such as Personal Care Aide (PCAs) and Licensed Nursing Assistants (LNAs) and has been even before the pandemic. These staff are essential in providing basic supports and medical care to individuals in their homes and in Long Term Care (LTC) facilities across the state.

To address this gap, the Vermont Direct Care Initiative is an intradepartmental collaboration within the Department of Disabilities, Aging and Independent Living between the Adult Services Division's Money Follows the Person Program and HireAbility. The goal is to increase the number of trained Direct Care Workers employed in long-term home health, improve recruitment and retention of direct care workers, and promote the healthcare career ladder. We are providing \$5,000 scholarships to experienced home health Direct Care Workers for education or training of their choice that will support their work in the field.

QUALIFICATIONS

	At least 12 months of work as a Direct Care Worker providing home health care
wit	th a Home Health Agency or homebased provider.

Personal goal to continue education and employment within home health care.

APPLICATION DEADLINE

Application and supporting documents are accepted on a rolling basis.

Scholarships will be announced within one week of a complete application being received.

APPLICATION CHECKLIST

- Completed Application Form
- Short essay
- Updated Resume

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Please send everything via mail or email to: Jamie Blondin, Vermont Direct Care Initiative Program Coordinator HireAbility Vermont (formerly VocRehab) HC 2 South, 280 State Drive, Waterbury, VT 05671-2040 Jamie.Blondin@vermont.gov (802) 904-3820

SECTION 1 – PERSONAL INFORMATION

NAME							
STREET ADDRESS							
CITY	_STATE	ZIP CODE					
TELEPHONE (H)	(C)_						
EMAIL ADDRESS							
GENDER	I	PREFERRED PRONOUN					
BIRTHDATE		RACE/ETHNICITIES					
PRIMARY LANGUAGE		CURRENT HIREABILITY PARTICIPANT?					
ARE YOU WILLING TO PARTICIPATE IN SURVEYS?							

SECTION 2 – EDUCATION AND WORK EXPERIENCE

Please attach a resume that shows past work and experience related to in-home direct care.

SECTION 3 – ESSAY

In a short essay, please tell us how you plan to utilize the scholarship funding and how it would support your career goals. If longer than one page, please include a supplemental page.

SECTION 4 – APPLICATION STATEMENT

All the information on this scholarship application is true and complete to the best of my knowledge. I understand that the information provided will be used to determine scholarship eligibility and award. I agree to provide requested documentation verifying any information on this application.

Signature of Applicant:	Date:	
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