



Regirer Nursing Scholarship 2025 Application

*Presented by the
Commonwealth Long Term Care Foundation*



2025 Regirer Nursing Scholarship Application Instructions and Selection Criteria

Application Instructions

1. All items on the Checklist for Applicant must be completed and submitted by June 27, 2025. Incomplete applications will not be considered.
2. You must be currently employed for a minimum of 12 months or have worked at least 2080 hours in a Virginia Health Care Association-Virginia Center for Assisted Living (VHCA-VCAL) member facility/center.
3. You must submit a letter of acceptance from a nurse education program **fully** approved by the Virginia Board of Nursing (www.dhp.virginia.gov/Boards/Nursing/EducationPrograms/) with an enrollment date of no later than September 1, 2025. Programs with provisional approval or out-of-state programs will be reviewed on a case-by-case basis.
4. If you are currently enrolled in an approved nurse education program, an acceptance letter is not required but you must provide unofficial transcript from current semester.
5. You must write and submit a personal letter explaining your reasons for pursuing the nursing degree.
6. You must demonstrate financial need for the scholarship.
7. You are required to submit a reference form from **each** of the following individuals:
 - Facility administrator
 - Direct supervisor in facility/center
 - Supervisor in facility/center (or department head, but not direct supervisor)

Each reference form is to be placed in a sealed envelope by the person making the reference and given to the applicant. You must then send the three sealed envelopes to VHCA-VCAL with the completed application forms.

8. Selected applicants will be personally interviewed by a member or appointee of the VHCA-VCAL Nurse Scholarship Committee in-person, via Zoom, FaceTime, or another similar platform.
9. By accepting the scholarship, you agree to continue to work at a VHCA-VCAL member center while enrolled in a nursing program and continue to work for a VHCA-VCAL member center for a minimum of one year following completion of the program.

Selection Criteria

The following areas will be considered in selecting recipients:

- Financial need
- Three satisfactory reference forms
- Acceptance into a nursing program fully approved by the Virginia Board of Nursing
- Completed application and related materials submitted to VHCA-VCAL **by June 27, 2025**
- Commitment to long term care
- Interviewer recommendation

Scholarship recipients will be determined by the VHCA-VCAL Nurse Scholarship Committee. First time applicants will have priority over prior recipients. All decisions are final.



Regirer Nursing Scholarship Checklist for Applicant

This section is intended to help you make sure you are returning the required, completed information. **All documents must be mailed to the VHCA-VCAL office by June 27, 2025. Incomplete applications will not be considered by the Nurse Scholarship Committee.**

Applicant's Name: _____
First Middle Initial Last

Be sure to include:

- _____ 1. Completed Application Form.
- _____ 2. Completed Financial Need Information Form.
- _____ 3. Completed Nursing Program Enrollment Form.
- _____ 4. A copy of a letter of acceptance or current unofficial transcript from a nurse education program **fully** approved by the Virginia Board of Nursing. Applicants should check the Board of Nursing website (<http://www.dhp.virginia.gov/Boards/Nursing/EducationPrograms/>) regarding status of nurse education programs. Programs with provisional approval or out-of-state programs will be reviewed on a case-by-case basis.
- _____ 5. Reference forms in sealed envelopes. (One from **each** of the following.)
 - Facility administrator
 - Direct supervisor in facility/center
 - Supervisor in facility/center (or department head, but not direct supervisor)
- _____ 6. Applicant's personal letter stating why she/he wants to become a nurse and an explanation of financial need. Please include personal career goals.

Please mail all of the information by June 27, 2025 to:

VHCA-VCAL
Regirer Nursing Scholarship
2112 West Laburnum Avenue, Suite 206
Richmond, Virginia 23227



Regirer Nursing Scholarship Application Form

All information submitted will be reviewed by the VHCA-VCAL Nurse Scholarship Committee members in an ethical, professional, and confidential manner.

Please type or print clearly in ink.

Applicant's Name: _____
First Middle Initial Last

Current Position/Degree: _____ Degree Sought: _____

Facility/Center Where Employed: _____

Address City/State/Zip Code

Facility/Center Administrator

Facility Phone Number

Month/Year When First Employed in Facility Full or part time

Home Address: _____
Street

City/State/Zip Code

Phone Number with Area Code _____

Email Address _____

Which is the best way to contact you?

_____ Phone

_____ Email

_____ Text

List other health care work experience and dates of employment: _____



Regirer Nursing Scholarship Financial Need Information Form

All information submitted will be reviewed by the VHCA-VCAL Nurse Scholarship Committee members in an ethical, professional, and confidential manner.

Applicant's Name: _____
First Middle Initial Last

Number of Dependents (include self): _____

Your annual net income (after tax / take home pay): _____

Spouse's annual net income (after tax /take home pay): _____

Please indicate total amount in each bank account as of the application date:

Checking \$ _____ Savings \$ _____ Other \$ _____

Please list debts and current financial obligations (rent, car payment, loan payments, outstanding bills, credit cards, etc.)

Debt / Financial obligation	Dollar Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Estimated total cost of the nursing course: _____

Registration fee: _____

Tuition: _____

Books: _____

Other (*Specify*): _____



Regirer Nursing Scholarship Nursing Program Enrollment Form

Applicant's Name: _____
First Middle Initial Last

Course: _____

School: _____

Address: _____

Program Start Date: _____

Is the school **fully approved** by the Virginia Board of Nursing? Yes _____ No _____

Program Completion Date: _____ License/Degree Sought: _____

Have you ever been convicted of a federal or state crime, or do you have any criminal charges pending? Yes _____ No _____

If yes, please explain and provide the date and nature of any convictions and criminal charges.

Are you currently receiving financial aid or tuition assistance? Yes _____ No _____

If yes, please explain. _____

Have you applied previously for this scholarship program? Yes _____ No _____

If yes, did you receive the scholarship? Yes _____ No _____ If yes, which year? _____

If currently enrolled in nursing school, please include an unofficial transcript from current semester.

Statement:

I have read and understand the instructions and criteria for application and eligibility for the Regirer Nursing Scholarship. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision. I affirm that everything is true and correct. If selected, I agree to be personally interviewed by a VHCA-VCAL member. I agree to work in a VHCA-VCAL member facility/center during the time in which I am enrolled in a nursing program and for a period of at least one year in a full time status or 2080 hours after I have completed my nursing program. I agree to return the scholarship money in full if I do not fulfill my obligations as stated above.

Name (please print): _____

Signature: _____

Date: _____



Regirer Nursing Scholarship Reference Form

Name of Applicant:					
<i>First</i>	<i>Middle</i>	<i>Last</i>			
Name of Person Making Recommendation:					
Relationship to Applicant (must be from center where applicant is employed): <input type="checkbox"/> Facility Administrator <input type="checkbox"/> Direct Supervisor in Facility/Center <input type="checkbox"/> Supervisor in Facility/Center (or department head, but not direct supervisor)					
How long have you known this applicant?					
Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to other individuals you have known who have similar levels of experience and education:					
	Superior	Good	Average	Poor	Unknown
Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Towards Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments (please use the back of this form if more space is needed):					
Overall: <input type="checkbox"/> Highly Recommend <input type="checkbox"/> Without Reservation <input type="checkbox"/> Recommend with Reservation (<i>please comment on why you have reservations about this candidate</i>)					
Signature:			Title:		

The completed reference form is to be placed in a sealed envelope by the person making the reference and given to the applicant.



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