About the Award:

The David Lebenbom Memorial Scholarship is accepting applications from employees of HCAM member facilities currently enrolled in a program related to long-term care at an accredited college or university. This can include, but is not limited to, nursing, art or music therapy and other related fields. The scholarship provides cash awards to assist employees in meeting education expenses and advancing the long-term care profession.

Member facilities are encouraged to make copies of the application, as well as post a copy of the application on their employee information board.

Incomplete applications will not be considered. The recipient will be chosen based upon the criteria outlined within this document.

Submitted materials will not be returned. By remitting this application, applicants and nominators are releasing quotes from their nominating letter and all subsequent photos to be used in any HCAM promotional materials, including social media.

Application Guidelines:

A successful application should meet the following criteria:

1. The applicant has been employed for at least a period of one year at a member facility.
2. A letter of recommendation has been included from the applicant’s current administrator regarding his or her performance, attendance and length of service at the respective HCAM member facility.
3. An academic transcript has been included from the applicant’s current college or university.
4. Documentation has been included from the admissions office of the applicant’s current college or university regarding his or her acceptance to a health care-related program.
5. The applicant has enclosed a signed statement, in essay format, of personal goals and objectives as they relate to health care and the long-term care profession. The statement should discuss how this scholarship will assist the applicant in achieving his or her short- and long-term goals and objectives.

Scholarship Expectations:

1. The scholarship check will be made payable to the recipient and the college or university where the winner is enrolled. Any money that is not utilized for purposes of higher education should be returned to the scholarship fund.
2. The nominating facility must notify HCAM if the recipient’s employment status changes prior to the Awards and Recognition Luncheon. This will offer HCAM the ability to monitor the student’s eligibility to receive the scholarship.

History:

The David Lebenbom Memorial Scholarship was established in 2016 by the Health Care Association of Michigan in memory of their long-time legal council who devoted himself to serving nursing facility providers and the residents in their care.

Apply Today for the Scholarship!!
Personal History:

Name ______________________________________________________________________________
Address ______________________________________________________________________________
City, State & Zip _________________________________________________________________________
Telephone (__________) ___________________ E-mail _______________________________________
Date of Birth ___________________________________________________________________________

Employment History:

Employer ______________________________________________________________________________
Address _______________________________________________________________________________
City, State & Zip _________________________________________________________________________
Telephone (__________) ___________________ Supervisor ______________________________________
Department __________________________________ Length of Employment (in years) _________________

Educational Background:

High School ______________________________________________________________________________
Address _______________________________________________________________________________
City, State & Zip _________________________________________________________________________
Date of Graduation ______________ Course Major _____________________________________________ GPA _________
College/University _______________________________________________________________________
Address _______________________________________________________________________________
City, State & Zip _________________________________________________________________________
Date of Graduation ______________ Degree Earned ____________________________________________ GPA _________

Current Education Information:

College/University _______________________________________________________________________
Address _______________________________________________________________________________
City, State & Zip _________________________________________________________________________
Date of Acceptance ______________________ Course Major ______________________________________
Anticipated Date of Graduation ______________________ Anticipated Degree __________________________

Completed nomination form and supporting letters must be mailed before the March 20 deadline to
HCAM, 7413 Westshire Dr., Lansing, MI 48917
Any questions should be directed to elizabeththomas@hcam.org.