

Advent Home Care Alliance’s (AHCALL) Healthcare Scholarship Fund to Award

Policy and procedures

Advent home care alliance, inc

Revised: August 2, 2024

**Healthcare Scholarship Award**

The Advent Home Care Alliance Inc. (AHCALL) Healthcare Scholarship Fund is an annual award given each year, through generous donations and profits to aspiring and continuing eduation students.

**Annual Amount**

The principal award, initially, was two (2) scholarships for deserving and under privileged high school seniors with a minimum of $500.00 each. For the grant will be at the local, However, as fund-raising efforts improve over the years more funds will accrued. The Board of Directors’ Scholarship Committee will make the decision yearly to award deserving recipients based upon the profits and fundraising efforts.

**The Application**

* **Incoming**

Completed scholarship application packets should be mailed to: Advent Home Care Alliance Inc. 122 E. Main Street, #164, Lakeland, Florida 33801. A designated member of the committee will be assigned a key and should regularly the box for packets. No other mail should be retrieved from the PO Box, only scholarship packets. Packets should remain unopened until time for the scholarship committee to review.

* **Outgoing**

Notifications will be sent out to Lakeland schools/college towards the end of August.

Applications can be downloaded AHCALL’s : www.ahcall.org /scholarship fund

Application should contain clause: *We reserve the right to use submitted essays on our website, blog, or other marketing materials, when an essay has won the scholarship.*

***DEADLINE:*** The application deadline should be one (1) week prior to Play for Purpose Monte Carlo Experience to allow appropriate time to notify the awardees as well as time to meet with awardees.

**Selection Criteria**

* Must be a current year high school graduate candidate or an enrolled student in the healthcare field schooled in the City of Lakeland; and
* Must have achieved or maintained a 2.5 or above grade point average

 Must provide:

* Personal Information sheet
* An official copy of transcript (Unopened)
* Proof of acceptance, pending acceptance, enrollment into a technical school, community college, or four-year college/university.
* Two (2) letters of recommendations:

(1) nominating high school teacher/professor

 (2) A community member.

* A legible senior-year school photograph (Preferably in cap & gown), student or employee badge

Write a 300 or more-word essay which includes:

* *Career goals*
* *Biographical sketch*
* *Clearly stating a financial need*
* *Why your choice to pursue the healthcare field and what impact you would like to make in the field?*

See attachment A (Application) for additional information

Scholarship Committee Instructions

It is the duty of our dedicated Scholarship Committee to determine the individuals to receive the Advent Home Care Alliance Inc. (AHCALL) Healthcare Scholarship Award.  These instructions will provide a consistent process for the committee to follow in selecting the most highly qualified students for the Advent Home Care Alliance Inc. (AHCALL) Healthcare Scholarship Award. By following the steps listed, not only will the committee be aware of the review and selection procedures, but the board of directors and the general planning committee will be aware of the process, as well.

**REVIEWING & SCORING THE APPLICATIONS**

A meeting of committee members will be called by the committee chairperson. The meeting may be in-person or virtual.

**SCORING - FIVE BASIC SECTIONS OF EACH STUDENTS’S APPLICATION: (Attachment B)**

* Academics (30 point maximum)
* Financial Need (20 point maximum)
* Essay (30 point maximum)
* Community Service/Leadership (5 point maximum)
* Overall Quality of the Application (5 point maximum)
* Native Floridian (10 points maximum)

All scoring will be completed on the official score sheet provided for each individual student. There is a maximum of 100 total points.

Reviewers will tally students’ scores individually, thereafter; an overall total score from all reviewers will be compiled.

Students will be ranked from highest to lowest score.

Based on total scores the top 10 students will be selected.

**REPORT OF SELECTIONS**

1. After each student is reviewed/scored by all reviewers, a report of the selections should be sent to the president for review and for approval of the Board of Directors. The president will add the chairperson to the agenda for the next group meeting to share the findings of the committee.
2. If applicant was not selected, a letter **(Attachment 3)** a designated member of the Scholarship Committee should send a letter of non-acceptance to the applicant within 48 hours of the meeting.
3. If an applicant was selected, a designated member of the scholarship committee should notify applicant of their selection within 48 hours of the meeting. The script below will be used to notify the student of their selection.

*Congratulations! You have been selected for the Advent Home Care Alliance Inc. (AHCALL) Healthcare Scholarship in the amount of $\_\_\_\_\_\_*

*A follow-up letter will be sent to you confirming your selection and advising you of the orientation session you should attend.* ***(Attachment 4)*** *At orientation we will provide details about the scholarship as well as answers to any question or concerns you may have. In the meantime, if there anything you need from us, please email us max@ahcall.org*

**MEETING WITH AWARDEES**

An orientation will be held with awardees at least 2 weeks prior to the award. The meeting can be virtual or in person. The meeting should be scheduled for a time that students are most available.

Business to discuss at orientation includes information listed on **Attachment 2** The check list should be signed by the awardee and placed in their file. A copy of the checklist should also be maintained by the awardee.

**RESPONSIBILITIES**

Once an awardee submits documentation of school enrollment, the committee should validate the information. A check requisition form **(Attachment 1)** should be submitted to the treasurer along with the self-addressed envelope completed by the awardee and a check will be written and mailed.

**RECORD KEEPING**

The Scholarship Committee shall maintain a directory of awardees and at the end of the year, shall copy the corresponding secretary with an updated directory.

The Scholarship Committee shall maintain a record of all applicants on a removable storage device that is portable, such as a USB thumb drive and at the end of the year, the device should be placed in the safety deposit box.

The Scholarship Committee shall maintain hard copy records pertaining to their areas
of operation in the association. At the end of the calendar year, all records shall be
turned over to the president for permanent storage in case they are needed for
Review internally (association) or externally (Florida Secretary of State or Internal).

ATTACHMENT A Page 1 of 2



**2024-2025 ADVENT HOME CARE ALLIANCE INC. (AHCALL) HEALTHCARE SCHOLARSHIP AWARD**

**ACADEMIC SCHOLARSHIP REQUIREMENTS**

***ALL nominees must meet the requirements and provide the following information by***

***September 28, 2024.***

***Mail scholarship packet to: Scholarship Committee - 122 E. Main Street, #164 Lakeland, FL 33801***

Requirements:

* **Must be a current year high school graduate candidate or an enrolled student in the healthcare field schooled in the City of Lakeland; and**
* **Must have achieved or maintained a 2.5 or above grade point average**

 Must provide:

 An official copy of transcript

* Proof of acceptance, pending acceptance, or enrollment/attendance into a community college or four-year college/university.
* Three letters of recommendations:

(1) nominating high school teacher/professor

 (2) A community member.

* A legible senior-year school photograph for documentation and marketting (Preferably in cap & gown) or employee badge

Write a 300 or more-word essay which includes:

* *Career goals*
* *Biographical sketch*
* *Clearly stated financial need statement*
* *Why your choice to pursue the healthcare field and what impact you would like to make in the field?*

You can be informative, inspirational, educational, and humorous or use whatever tone you'd like. We will choose winners based on creativity and content. You must use correct punctuation and grammar. The essay you submit must be your own work. You can cite sources, but please no long quotes over two sentences. We want to hear your own thoughts, experiences, and ideas! Essay must be typewritten and double spaced. Save your essay in a PDF file and submit it to us at the above address postmarked by the deadline of September 28, 2024.

*For questions, visit our website aAHCALL.ORG*

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*Note: We reserve the right to use submitted essays on our website, blog, or other marketing materials, if essay has won the scholarship.*







**2024 ADVENT HOME CARE ALLIANCE INC. (AHCALL) HEALTHCARE SCHOLARSHIP AWARD**

**Personal Information Sheet**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PHONE NUMBERS:**

**HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If applicable: PARENT or GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your preferred method of communication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHECK REQUISITION FORM**

Attachment 1

**(Forms must be submitted 3 or more days prior to date needed).**

SCHOLARSHIP COMMITTEE

**Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Needed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount of Request**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Make check payable to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of Request :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOLARSHIP AWARDEE

**Submitted By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Chairman**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_**

Awardee Check List

Attachment 2

Advent Home Care Alliance Inc.’s (AHCALL)

 Healthcare Scholarship Award

122 E. Main Street, #164

Lakeland, FL 33801

Date: Time:

\_\_\_\_\_\_Awardees has been advised what to do if he/she has any problems, concerns, or issues.

\_\_\_\_\_\_Awardee has been advised to submit a photoe of the attire of school cap and gown and any other honor cord or collar, etc.

\_\_\_\_\_\_\_Give envelope to awardee to self-address and leave with you. Check will be mailed in this envelope.

\_\_\_\_\_\_\_\_Awardee will be informed that a check will not be received until proof of enrollment on school letterhead has been provided. . (Attachment 5 and 6)

\_\_\_\_\_\_\_\_Awardee understands that payment will be made directly to them and cannot be

transferred to any other person or written in anyone else’s name.

\_\_\_\_\_\_\_\_\_Awardee understands that we reserve the right to use their submitted essay on our website, blog, or marketing materials.

**Thank you!**

**Scholarship Award Committee**

**Email:** max@ahcall.org

**Website:** [www.ahcall.org](http://www.ahcall.org/)

**PAYPAL: Advent Home Care Alliance (AHCALL)**

**122 E. Main Street, #164, Lakeland, Florida 33801**

**Print Name of Awardee Date**

**Signature of Awardee Date**

**ADVENT HOME CARE ALLIANCE, INC.**

122 E. Main Streett, #164, Lakeland, Florida 33801

Website: www.ahcall.org Email: max@ahcall.org

Attachment 3

**Date:**

Dear Scholarship Applicant:

Thank you for your application for the Advent Home Care Alliance Inc. (AHCALL) Healthcare Scholarship. Determining the awardees for the scholarship is always a difficult decision and is based on many factors. We regret to inform you that you were **not** selected.

We thank you for your interest in our scholarship and appreciate the time you spent sharing information about yourself with us. May you have the upmost success in your future educational endeavors.

Sincerely,

Scholarship Committee

Advent Home Care Alliance, Inc. (AHCALL)

A not-for-profit, tax-exempt organization which stands in the gap as a community partner for Veterans, seniors, homeless, men, women, and children.

Date

**ADVENT HOME CARE ALLIANCE, INC.**

122 E. Main Streett, #164, Lakeland, Florida 33801

Website: www.ahcall.org Email: max@ahcall.org

Attachment 4

Dear: Scholarship Applicant:

On behalf of Advent Home Care Alliance (AHCALL) Inc., we genuinely thank you for submitting your application for your scholastic excellence. Our entire scholarship committee has worked for the last few weeks to review your personal and academic achievements.

As a result, we are glad to inform you that **you have been selected for our prestigious Advent Home Care Alliance Inc. (AHCALL) Healthcare Scholarship-2024-2025 Class.** To receive the full benefit of this monetary award you will be required to submit the following information upon receipt.

* School branded documentation of registration and full enrollment in a college/university/vocational school. Documentation should also bear your student ID number and list the courses for which you are enrolled.
* Proof of all **Fall** courses enrollment.

***\*\*\*YOU MUST BE ENROLLED AS A FULL TIME STUDENT (12 OR MORE CREDIT HOURS) TO QUALIFY FOR THIS SCHOLARSHIP AWARD as a aspring and continuing education student.***

As we prepare you and other honorees for the Advent Home Care Alliance Inc. (AHCALL) Healthcare Scholarship. You will be contacted again in the next few weeks.

Once again, we congratulate you on your achievements and hope that you will continue to be a shining star in your communities and families.

If you have any questions, please feel free to contact me at Maxine Granstan at (863) 272-1001 or email Max@Ahcall.org.

Sincerely,

Scholarship Committee

Advent Home Care Alliance Inc. (AHCALL)

Attachment 5

ADVENT HOME CARE ALLIANCE, INC.

AWARDEE’S NAME

IN RECOGNITION OF

MAXINE M. GRANSTAN

FOUNDING President

2024 Healthcare Scholarship Fund

Presented on this \_\_\_\_\_\_

Lakeland, Florida

USA