



Charles “Chuck” Nason Scholarship Application (fillable)

OVERVIEW: In honor of the Founding Chair of Wisconsin Illinois Senior Housing, Inc. (WISH), Charles “Chuck” Nason, we are establishing a scholarship to be awarded to a single individual who is employed by WISH and is interested in advancing within WISH to higher level positions.

AMOUNT: \$5000

APPLICATION DEADLINE: July 1, 2025, 11:59pm

Email the completed application and attachments to: info.wish@carriagehealthcare.com

TO APPLY: Please complete all sections of this application. Incomplete applications may not be considered. Attach any required documents as PDF before submitting.

WHO IS ELIGIBLE? Any individual who is employed by WISH for an average of 32 hours a week or more, and has been employed by WISH for a minimum of one year.

WHAT CAN FUNDS BE USED FOR? Any approved educational coursework related to the WISH facility/agency where you work. Examples:

- CNA wishing to become a Medication Aide, LPN or RN
- Dietary staff member wishing to earn a Certified Culinary Manager
- Housekeeping/Laundry staff member wishing to earn an Environmental Services Director certification
- Social worker wishing to earn a Master’s in Social Work (MSW)
- A staff member in one department wishing to become proficient in another department

These are examples only and not intended to be a complete list. “Outside the box” proposals are welcome!

PERSONAL INFORMATION:

Full name:

Date of birth:

Phone number:

Email:

Home address:

City, state, zip code:

EMPLOYMENT:

WISH facility or agency:

Date of hire:

Job title:

EDUCATION:

Last grade level of education completed:

Are you currently in school? Yes No

Name of school or institution:

Current / intended area of study:

Degree or certification you're working towards:

How you anticipate using scholarship funds:

How / why did you choose your area of study?

Timeline for completing education; include graduation or completion date:

ATTACHMENTS: (PDF format)

- 1) One-page essay, in your own words, on why you are applying (350-500 words in length)
- 2) Letters of reference from your department head or administrator where you work.
- 3) Letter of reference from someone outside the facility

I certify that the information provided is accurate and complete to the best of my knowledge. I understand that false or misleading information may result in the forfeiture of the scholarship.

Applicant Signature:

Date

Once you've completed the application, save it as a PDF and email as an attachment to info.wish@carriagehealthcare.com. Be sure to include PDFs of your essay and letters of reference.