

# CAREGIVER INCENTIVE PROJECT SCHOLARSHIP APPLICATION

Name

Phone

Email Address

Birthdate

Year in School

School     NMU             Bay College                     LSSU                     KBIC  
               MTU             Finlandia                     Gogebic CC                     Bay Mills  
 Other [Click or tap here to enter text.](#)

Major

Minor

Degree/Certificate

Date Anticipated     Fall    Spring    Summer  
                               2022     2023             2024             2025 and beyond

Average Hours/Week as Caregiver    0-5    6-10    11-15    16-20    21+

Describe Current Caregiving Employment (Hours, Level of Care/Support required, Wage Earned, Previous Experience, Previous Training, etc.) Use Additional Sheet As Needed.

**In 100 words or less, discuss your understanding of the national in-home caregiver shortage. How can you be a part of reducing the shortage? What experiences or factors have shaped your interest in addressing the caregiver shortage?**

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**In 100 words or less: Describe examples and experiences that demonstrate you can work effectively with elderly, adult disabled or medically fragile individuals. Describe any difficulties you have encountered or that you think you might encounter when working with any of the groups mentioned above.**

**In 100 words or less: What motivates you to begin/continue working as an in-home caregiver currently?**

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**In 100 words or less: How do you balance your work, education, and personal life? What supports are in place for you?**

**Have you attended a CIP Caregiver Academy?**  Yes  No

**If not, would you be interested in attending one?**  Yes  No

**If awarded a scholarship, are you willing to participate in publicity events, surveys, training and/or other CIP activities?**  Yes  No

**I understand that I must find my own employment and work as an in-home caregiver to receive payment of this scholarship if awarded to me. Yes  No**

**Are you willing to have your Name, Image and/or Likeness used in CIP Publicity and Marketing materials? Yes No**

**Is there anything else you would like us to know about you? If so, put it here in 100 words or less.**

**Applicant Signature**

**Date**

**Return completed form to [scholarships@the-cip.com](mailto:scholarships@the-cip.com) by April 14, 2022, 5:00 p.m. EDT. Scholarship recipients will be notified and honored in a ceremony later that month.**