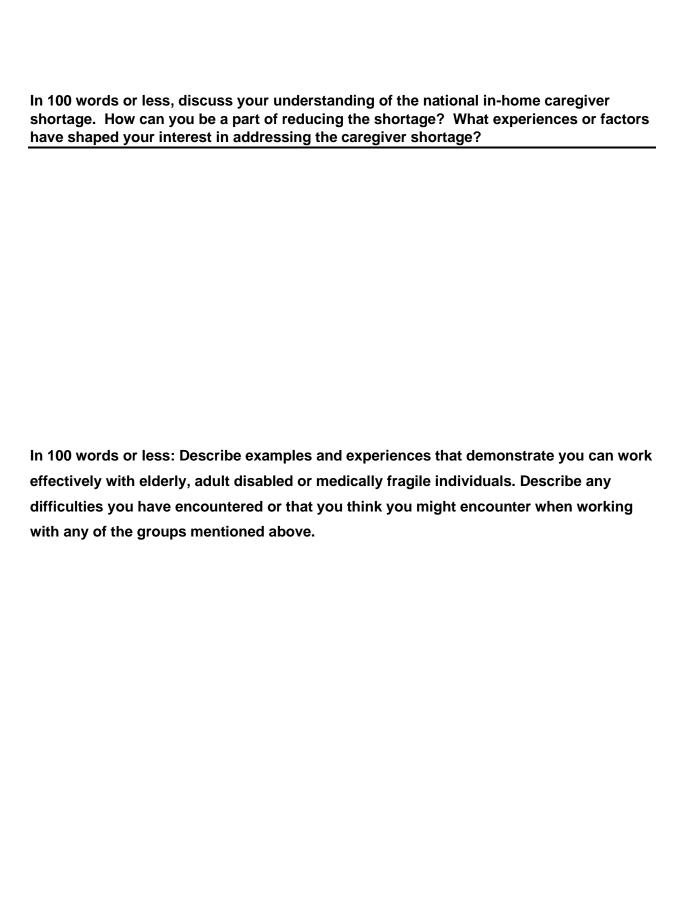
CAREGIVER INCENTIVE PROJECT SCHOLARSHIP APPLICATION

Name							
Phone							
Email Addre	ess						
Birthdate							
Year in Scho	ool						
School	□NM	υ 🗆	Bay College	□LSSU	☐ KBIC		
		J 🗆	Finlandia	□Gogebic CC	☐ Bay Mills		
	☐ Other Click or tap here to enter text.						
Major							
Minor							
Degree/Cert	ificate						
Date Anticipated		□Fall □Spring □Summer					
□20)22	□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: What motivates you to begin/continue working as an in-home					
caregiver currently?					
-					
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					
Kowandada aabalaaskin aas vas villianta nadisirsta is suddisis susat sassa					
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 Liker Marketing materials?	ness used □Yes	d in CIP Publicity and □No
Is there anything else you would like us to know about words or less.	you? If s	so, put it here in 100
Applicant Signature		Date
Return completed form to scholarships@the-cip.com I	oy April 1	4, 2022, 5:00 p.m. EDT.

Scholarship recipients will be notified and honored in a ceremony later that month.