



## Application Form – MC5 “No Provider Left Behind”

The MC5 “No Provider Left Behind” will be awarding free or partial registration to a number of applicants, allowing them to attend all or part of the Pioneer Network in St. Charles Missouri August 1-4, 2011. The awardee will be responsible for travel, lodging and meals.

Name of Applicant: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email address \_\_\_\_\_

Name of community or agency \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

I would like to attend: MDS Beyond the Form August 1, 2011 \_\_\_\_\_

All Day Intensive Session August 2, 2011 \_\_\_\_\_

Conference August 2-4, 2011 \_\_\_\_\_

All the above August 1-4, 2011 \_\_\_\_\_

### Please answer the following questions in 300 words or less (on a separate piece of paper):

1. Why does the applicant need financial assistance to attend the Annual Conference?
2. Is the applicant receiving any financial assistance from other sources?
3. How many state MC 5 Conferences has the applicant attended?
4. How many national Pioneer Network conferences has the applicant attended?
5. How long has the applicant been working in long term care?
6. Describe what applicant hopes to learn from the conference? How will the knowledge gained be put into practice?

### A letter of recommendation shall accompany this application form. This letter should be from:

1. The Administrator of your community or immediate supervisor or
2. Member of the MC 5 board, or MC 5 regional representative

### Applicants for the No Provider Left Behind funds must:

1. Complete this form;
2. Attach responses to above questions;
3. Attach letter(s) of recommendation; and
4. **Mail** to the No Provider Left Behind Committee: Lutheran Senior Services

Attn.: Joan Devine  
1150 Hanley Industrial Ct.  
St. Louis, MO 63144

**Fax** to the No Provider Left Behind Committee: Lutheran Senior Services  
Attn.: Joan Devine  
(314)968-5590

**Email** to the No Provider Left Behind Committee: [gfw1637@gmail.com](mailto:gfw1637@gmail.com)

If further information is needed to complete this application, please contact Gail Wilkerson at [gfw1637@gmail.com](mailto:gfw1637@gmail.com) or (314) 681-2916. Awardees will be contacted by June 15, 2011

**All applications must be POSTMARKED by June 6, 2011**