

2011 WomanSage Cruise Application for Caregiver Scholarship

WomanSage is committed to expanding its reach to touch more family caregivers each year. We work very hard to keep the cost of this exciting cruise opportunity affordable so caregivers from every walk of life have the opportunity to share in this experience. Because of this commitment, past scholarship recipients are asked not to apply for another scholarship. Instead, we welcome our past cruisers to join us at the low WomanSage rate and take advantage of another fun trip with the new group. If past cruisers are in need of respite care for their loved ones, we suggest they contact their church or local senior care organizations for support.

The deadline for submitting this application is September 30. Submit it by fax to (714) 464-4217, email info@womansage.org or by mail to WomanSage, 5319 University Drive #639, Irvine, CA 92612.

Please complete this application to apply for scholarship funding:

Name: _____

Address: _____

Phone: _____

Email: _____

**Can you pay for the cruise? _____ Do you need assistance with
respite care while on the cruise? _____**

Please tell us a little about who you are caring for:

Signature **Date**

Please complete the attached questionnaire regarding your satisfaction and burden feelings as a caregiver.

Satisfaction Scale Items	Never	Sometimes	Always
How often do you feel:	1	3	5
1. You really enjoy being with him/her			
2. You help him because you want to			
3. Helping him makes you feel closer			
4. He shows appreciation for what you do			
5. Happy that care is provided by family			
6. I do what I have to, not what I want to			
			TOTAL POINTS: ____

Burden Scale Items	Never	Sometimes	Always
Time Dependency:	1	3	5
1. He/she is dependent on me			
2. I have to watch him constantly			
3. I don't get a minute's break			
Development Items:			
1. I feel I am missing out on life			
2. I wish I could escape			
3. I feel emotionally drained			
4. I thought things would be different at this point in my life			
Physical Health Items:			
1. I am not getting enough sleep			
2. My health has suffered			
3. I'm physically tired			

Social Relationships Items:

- 1. My efforts aren't appreciated by others in my family**
- 2. My relationships have suffered**
- 3. I resent other relatives who could but don't help**

Emotional Health Items:

- 1. I am embarrassed by his behavior**
- 2. I feel ashamed of him**
- 3. I resent him**
- 4. I am angry over my interactions with him**