

Older Adult Social & Information Services

EDUCATION AWARD OPPORTUNITY

February 1, 2022

Dear Applicant for Award:

This Award is open to anyone interested in geriatric, senior care and/or programs to support seniors in our community.

The main criterion for the Friends Award is interest in geriatrics and care for seniors. The financial information provided by the applicant will be kept confidential. Additional areas that are considered when selecting a recipient include the applicant's level of involvement in school, financial need, and participation in community and senior services.

The amount up to \$2,500 awarded to the recipient of the Friends Award will be sent directly to the Office of Financial Aid and Scholarships at the recipient's school of attendance. First, the monetary award will be pooled with other financial resources that the recipient might have available to pay applicable tuition fees. In the event that the recipient has support that goes beyond the amount of tuition fees, the Office of Financial Aid and Scholarships will provide the recipient with credit that she/he may apply towards other educational costs such as books and lab fees. The Office of Financial Aid and Scholarships will confirm that the recipient has enrolled as a full-time student for the fall, winter, and spring quarters, or the fall and spring semesters during the 2022-2023 academic year prior to crediting the appropriate funds each term to their campus account.

An application form for the Friends Award may be obtained from your school and/or the person in your school who is in charge of scholarships. You may also send a request for an application form to me via email (walt@howald.us) or download it from our Friends of OASIS website <https://www.friendsofoasis.org>.

The criteria for selection of the 2022 Award recipient include all of the following:

1. Copy of any records or documents that show your educational background.
2. An essay of 500 words or less describing your participation in your community and how this experience has influenced your future plans. This participation should include any involvement in activities for, with, or about seniors and their care or benefit with an emphasis on geriatrics.
3. A letter describing any and all special circumstances, such as personal, family, or financial needs.
4. Two signed letters of recommendation in sealed envelopes or directly by email to info@friendsofoasis.org
 - * One letter **must** be from a member of your school staff or employer.
 - * The other **must be** from an **unrelated adult** who has been involved with you in some significant way relating to geriatrics and seniors.

Teachers, counselors, clergy, and employers are good choices because they can usually comment on overall character, achievement, and promise.

PLEASE RETURN YOUR COMPLETED APPLICATION NO LATER THAN MONDAY, July 25, 2022 TO:

THE FRIENDS OF OASIS, 801 NARCISSUS AVENUE, CORONA DEL MAR, CA 92625, or by email to info@friendsofoasis.org

If you have any questions, please call me at (949) 922-9926.

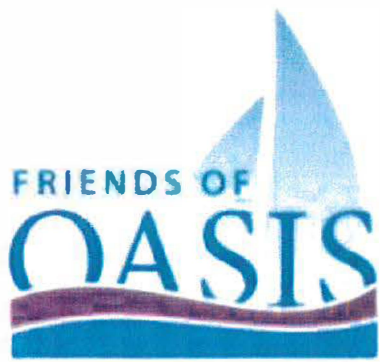
Thank you for taking time to complete the application.

Sincerely,

Walt Howald

Walt Howald, Chair
Friends of OASIS Award Committee
PO Box 622
Corona del Mar, CA 92625
walt@howald.us

Attached: Application form for Award Consideration



Older Adult Social & Information Services

FRIENDS OF OASIS EDUCATION AWARDS COMMITTEE APPLICATION FORM FOR AWARD CONSIDERATION

Award Goal: Funds will be made available to those working towards expanding the potential pool and number of qualified people trained and/or interested in services for senior care and gerontology.

Award Amounts: We will award up to \$2,500 for Fall 2022 to be used for books, tuition, classes, transportation, and related education expenses.

Application Submission: We must receive applications by July 25, 2022 for consideration for Fall 2022.

APPLICANT INFORMATION: Please **type** or **print**:

1. Last Name: _____ First Name: _____
2. Mailing Address:
Street: _____
City: _____ State: _____ Zip: _____
3. Daytime Telephone Number: () _____ Email: _____
4. Date of Birth: _____ Month _____ Day _____ Year _____
Recent School or _____ Number of years
5. Program Attended: _____ Attended: _____
6. I will be attending the following school or program:

7. I will be entering a school or program commencing August/September 1, 2022.
Freshman Sophomore Junior Senior Masters in Geriatrics
8. Grade Point Average (GPA): _____ (on a 4.0 scale)
Attach proof of GPA. Your most recent **official** transcript required.

7. Past or current experience working with or for the benefit of seniors:

9. Budget and Statement of Need:

CERTIFICATION

In submitting this application and supporting documents, I certify (1) that the information provided herein is complete and accurate to the best of my knowledge, (2) that any materials submitted are entirely my own work, (3) that I understand and agree that falsification of my information provided herein will immediately terminate my application for this Award consideration of my application for this Award.

Applicant's signature: _____

Date _____