

801 Narcissus Ave. Corona del Mar, CA 92625

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<u>ATTENTION: SCHOLARSHIPS FOR STUDENTS</u>

We need you to pursue your education in areas to help people with aging health needs:

- Gerontology
- Mental health
- Social Services
- Mental Health
- Kinesiology
- Recreational and Cognitive Training
- Caregiving
- Senior Facilities Administration
- Other focuses on helping older generations with their aging problems

We will help you!!

Friends of OASIS offers scholarships up to \$2,500 each school term for you to obtain a certificate, degree, masters, or certified training in any of these or related areas.

Application attached or contact Friends of OASIS (ask for Berenice or Rose) 949.718.1800, 801 Narcissus Ave., Corona del Mar 92625, or chairman Walt Howald (walt@howald.us)

ON OR BEFORE APRIL 15, 2024.

PLEASE APPLY EARLY

You get the education, we'll help with your tuition, books, and supplies – HURRY UP!! APPLY

The Friends of OASIS is a 501(c) (3) nonprofit corporation, Tax ID #95-3196296. Your contribution may qualify as a charitable deduction for federal income tax purpose. Consult your tax advisor to determine whether this contribution is deductible and retain this written acknowledgement for your records.



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 2024 to be used for books,

tuition, classes, transportation, and related education expenses.

Application Submission: We must receive applications by April 15, 2024, for consideration for Fall 2024.

PPLICANT INFORM	ATION: Please type or p	orint:			
. Last Name:			First Name:		
. Mailing Address	::				
Street:					
City:		State:	Zip:		
Daytime Teleph	one Number: ()	En	nail:		
Date of Birth:	Month	Day	Year		
Recent School o	r			Number of years	
Program Attend	ed:			Attended:	
I will be attendi	ng the following school	or program:			
I will be entering	g a school or program c	ommencing August,	/September 1, 20	24.	
Freshman	Sophomore	Junior	Senior	Masters in Geriatrics	
Grade Point Ave	(on a 4.0 scale)			
	. Your most recent official tra	anscript required.			
Past or current of	experience working wit	h or for the benefit	of seniors:		
. Budget and Stat	ement of Need:				
		CERTIFICATIO	N		
- :		_		ormation provided herein is	
-	-		-	itted are entirely my own work,	
	and agree that faisifica	•	•	ein will immediately terminate	
γ αρριιτατιστί τοι τι	ns Awara consideration	or my application is	Ji tilis Awalu.		
oplicant's signature:		Date	}		