

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 2025 to be used for books,

tuition, classes, transportation, and related education expenses.

Application Submission: We must receive applications by APRIL 13, 2026, for consideration for Fall 2025.

APPLIC	ANT INFORMATIO	N: Please type or p i	rint:			
l. <u>La</u> :	st Name:			First Name:		
2. Ma	ailing Address:					
	Street:					
	City:		State:	Zip:		
. <u>Da</u>	aytime Telephone Number: () Email:					
. Da	te of Birth:	Month	Day	Year		
-	cent School or		•		Number of years	
. Pro	ogram Attended:				Attended:	
. Iw	vill be attending th	e following school o	or program:			
. Iw	will be entering or continuing a school/program commencing in August or September 1, 2025.					
	Freshman	Sophomore	Junior	Senior	Masters in Geriatrics	
	Tresimian	Зорнотноге	3011101	Scriioi	Widsters III deriatries	
	ade Point Average		(on a 4.0 scale)			
Atta	Attach proof of GPA. Your most recent official transcript required.					
. Pas	Past or current experience working with or for the benefit of seniors:					
0. B	udget and Statem	ent of Need:				
	J					
			CERTIFICATION			
cuhr	nitting this applica	tion and supporting	CERTIFICATION		rmation provided herein is	
					tted are entirely my own work,	
		•	•	•	n will immediately terminate	
у арр	lication for this Av	vard consideration	of my application fo	r this Award.		
			 Date			
pplicant's signature:						