



ASSISTED LIVING ADMINISTRATOR TRAINING SCHOLARSHIP APPLICATION

To assist qualified persons who wish to complete the Assisted Living Administrator Training and become an administrator in assisted living.

Persons eligible to apply for a scholarship must:

1. Be 21 years of age.
2. **Must** have one of the following: At least 1 year of consecutive year of health care, or at least 30 hours college semester hours in a health care field of study, or a bachelor's degree in any field of study.
3. Pledge that, upon successful completion of the training, they will remain in the assisted living/residential care setting for at least one year. If you leave the industry for any reason, you will reimburse OKALA the entire amount of the scholarship.
4. Be willing to attend one of the 2019 Assisted Living Administrator Training.
5. Preference will be given to OKALA members
6. All decisions made by the Scholarship Committee are final
7. Scholarship must be used within twelve (12) months of acceptance.
8. NAB test must be attempted within four (4) months after the completion of class.
9. License must be obtained within one (1) year.

Please complete the following application form and give the enclosed recommendation forms to TWO references: Recommendation forms must be submitted to OKALA along with the completed application form by **November 30,2018**.

PLEASE PRINT OR TYPE

Name: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email (required): _____

Employer: _____

Are you being sponsored by an Employer? _____

Have you asked your Employer to sponsor you? Yes or No

Length of employment: _____

Position: _____

\$ _____ scholarship amount requested.

(Form continued, next page)

Have you had any other special training or instruction related to long-term care? If so, please explain:

Have you ever worked as a volunteer in long-term care? If so, please explain:

Please describe your interest in long-term care including how you became interested in the profession and related experiences: _____

Please describe your future professional plans in the health care field and your commitment to the long-term care area: _____

RETURN THIS APPLICATION AND THE RECOMMENDATION FORMS TO:

Oklahoma Assisted Living Association
PO Box 18576
Oklahoma City, OK. 73154

(Signature)

(Date)



RECOMMENDATION FORM

SCHOLARSHIP FOR PERSONS INTERESTED IN ASSISTED LIVING ADMINISTRATOR TRAINING

To assist qualified persons who wish to complete the Assisted Living Administrator Training and become an administrator in assisted living.

Please place completed form in a *sealed* envelope and return it to the applicant.

**ALL RECOMMENDATIONS WILL BE KEPT CONFIDENTIAL
PLEASE PRINT OR TYPE**

Name of applicant _____

Name of reference _____

Address/City/State/Zip of reference _____

Phone number of reference _____

Position of reference _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

How would you rate the applicant on the following (check each category)?

	LOW	AVERAGE	HIGH	NO OPINION
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to Residents' Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Long-Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Customer Service Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach a brief statement, **on a blank page or the back of this form**, describing why you believe this applicant would be a worthy recipient of an Oklahoma Assisted Living Association Scholarship.

(Signature)



RECOMMENDATION FORM

SCHOLARSHIP FOR PERSONS INTERESTED IN ASSISTED LIVING ADMINISTRATOR TRAINING

To assist qualified persons who wish to complete the Assisted Living Administrator Training and become an administrator in assisted living, the Oklahoma Assisted Living Association will award one scholarship at the 2018 Oklahoma Assisted Living Association Spring Convention in Tulsa. The awards ceremony will take place on Wednesday, May 1, 2018.

Please place completed form in a *sealed* envelope and return it to the applicant.

**ALL RECOMMENDATIONS WILL BE KEPT CONFIDENTIAL
PLEASE PRINT OR TYPE**

Name of applicant _____

Name of reference _____

Address/City/State/Zip of reference _____

Phone number of reference _____

Position of reference _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

How would you rate the applicant on the following (check each category)?

	LOW	AVERAGE	HIGH	NO OPINION
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to Residents' Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Long-Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Customer Service Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach a brief statement, **on a blank page or the back of this form**, describing why you believe this applicant would be a worthy recipient of an Oklahoma Assisted Living Association Scholarship.

(Signature)