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.

The Oklahoma Assisted Living Association is proud to offer a scholarship for 2021. 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 2021 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.

10. If you do not complete the course and/or earn your administrator license within 24 months of taking course, you will reimburse OKALA the entire amount of the scholarship.
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, 2020.

PLEASE PRINT OR TYPE

Name: __________________________________________________________

Permanent Address:_______________________________________________________________________________________

City: __________________________ State: __________ Zip: ______________

Phone: __________________________ Email (required): __________________________

Employer: ________________________________________________________________

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

Length of employment at current position: __________    Position: __________________________

$___________________ scholarship amount requested. If amount is over $1,095, please attach a separate sheet of paper explaining where the additional amount would be applied.

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:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

I certify that I completed this application and have read and understand the eligibility requirements.

_______________________________________________________________________________________

RETURN THIS APPLICATION AND THE RECOMMENDATION FORMS BY NOVEMBER 30, 2021 TO:
Oklahoma Assisted Living Association
Attn: Scholarship Committee
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)?

<table>
<thead>
<tr>
<th>Category</th>
<th>LOW</th>
<th>AVERAGE</th>
<th>HIGH</th>
<th>NO OPINION</th>
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<td>Maturity</td>
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Please attach a brief statement, describing why you believe this applicant would be a worthy recipient of an Oklahoma Assisted Living Association Scholarship.

__________________________________________

(Signature)
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______________________________________________________________________________

(Signature)

Oklahoma Assisted Living Association’s Administrator Training Scholarship Application Form
P.O. Box 18576  Phone: (405) 235-5000
Oklahoma City, OK  73154  www.okala.org
Fax: (800) 375-6788