

**Coalition For Older Adult
Health Promotion
Scholarship Application 2022**

Committee Use Only:
Approved/Denied: _____
Interview Date: _____
Selected/Denied: _____

Applicant Information:

Name: _____ D.O.B. _____

Home Address: _____ Phone Number: _____

Current Employer: _____ Direct Supervisor: _____

Work Phone Number: _____ Email Address: _____

(Please use only the space provided for your answers. Thank you.)

Explain current job responsibilities:

History of previous volunteer or paid work with seniors:

Why did you select senior care?

Explanation of degree, certification, or education:

If selected, how would the award be used to benefit area seniors?

I verify that all the information listed on this application accurately represents my background and status.

Signature: _____ Date: _____

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Please send completed application and a minimum of two letters of recommendation, one being a professional or academic recommendation, to the following address. Applications must be postmarked by September 12th, 2022.

COAHP/Scholarship Committee
PO Box 57381 Lincoln, Nebraska 68505

How did you receive this application? _____