Coalition For Older Adult Health Promotion
Scholarship Application

Applicant Information:

Name: _____ **Date of Birth:** _____

Home Address: _____

Phone Number: _____

Email Address: _____

Current Employer: _____

(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?

Please send completed application and a minimum of two letters of recommendation, one being a professional or academic recommendation

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

Signature: _____ Date: _____

Applications must be postmarked by September 18, 2026.

Email application and references to:

Jenna White at jhull@nebraska.edu