



## 2024 ASSISTED LIVING ADMINISTRATOR TRAINING SCHOLARSHIP APPLICATION

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

The Oklahoma Senior Living Association is once again proud to offer a scholarship for 2024. Each year, the OKSLA Scholarship Committee reviews applications for the upcoming year to award a scholarship. Scholarships for 2024 will be presented before December 31, 2023. *(Please ensure you are filling out the correct application for year to be awarded)*

Persons eligible to apply for a scholarship must:

1. Be 21 years of age.
2. **Must** have one of the following:
  - a At least 1 year of consecutive year of health care, or
  - b at least 30 hours college semester hours in a health care field of study,
  - c or a bachelor's degree in any field of study.
3. Be willing to attend AND complete one of the 2024 OKSLA RCAL Assisted Living Administrator Training Courses.
4. Pledge that, upon successful completion of the training, they will remain in the assisted living/residential care setting for at least one year. If they leave the industry for any reason, they will reimburse OKSLA the entire amount of the scholarship.

Scholarship Applicants and/or Recipient Must Understand/Comply with:

1. Preference will be given to OKALA members.
2. All decisions made by the Scholarship Committee are final.
3. License must be obtained within one (1) year upon completion of the course enrolled.
4. If you do not complete the course and/or earn your administrator license within 12 months of taking course, you will reimburse OKSLA 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 OKSLA along with the completed application form by **November 1, 2023**.

**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 the cost of the course, please attached 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:

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

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

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(Signature)

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(Date)

**RETURN THIS APPLICATION AND THE RECOMMENDATION FORMS BY NOVEMBER 1, 2023, TO:**

**Oklahoma Senior Living Association  
Attn: Scholarship Committee  
PO Box 18576  
Oklahoma City, OK. 73154**

**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
<b>Maturity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sensitivity to Residents' Needs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Commitment to Long-Term Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Academic Abilities</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability to Communicate</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Leadership Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Positive Customer Service Attitude</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach a brief statement describing why you believe this applicant would be a worthy recipient of an Oklahoma Senior Living Association Scholarship.

\_\_\_\_\_

(Signature)

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<b>Ability to Communicate</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**(Signature)**