



Annual Scholarship Request Form

The ACT I Board has approved scholarships for 2009. If you or a staff member or employee of your organization would like to apply, please complete and return this form to:

ACT I Scholarship Grants Review Committee

PO Box 129

Palm Desert, CA 92261

Or via fax: (760) 297-2913

To be considered for a scholarship, Applications must be received no later than:

May 27th, 2009

Applicant / Nominator Information

Name of Applicant _____ Phone # _____

Educational Program: Geriatrics (Including Caregiving and Psychiatry) Social Services Nursing (Including CNS's)

Related Program (Describe): _____

ACT I Member Organization / Business Name: _____

Address _____

City / State / Zip _____

Nominated By: _____ Phone # _____

The ACT I Scholarship Grants Review Committee will review the applications at the June 4th, 2009 Board Meeting. Awards will be presented at the General meeting on June 18th, 2009. Recipients and their nominators (must be an ACT I member) will be notified prior to June 15th, 2009 and are requested to attend the General Meeting.

All applicants must complete the following page to be considered for an ACT I Scholarship. All applicants must also provide proof of enrollment in an approved educational program **prior to** the Scholarship Grants Review Meeting.

**Have questions? Need more information? Contact Daniel Cox at
(760) 297-2166 or DanielCox@ComfortKeepers.com**



Section 1: Contact Information

Name _____
Address _____
City / State / Zip _____
Daytime Phone: _____ Cell Phone: _____
Email Address: _____

Section 2: Educational History

Freshman Sophomore Junior Senior Masters Student PhD Student

College / University: _____ Projected Graduation Date: _____
City / State _____
Major: _____ Minor: _____
Degree Sought: _____ GPA: _____

Section 3: Honors, Awards, Employment and Extra Curricular Activities

Please list any honors, awards or other activities and / or work experiences of note that may reflect favorably on your application:

Section 4: Essay

On a separate sheet of paper, explain why you think you should be awarded this scholarship. Please answer the following questions: 1.) What are your goals (both academic and career)? 2.) What have you already accomplished (personally, academically, volunteer and/or community involvement)? 3.) Why are you pursuing an education/career in this industry? What is your motivation? 4.) Why are you applying for an ACT I Scholarship (financial need, member encouragement, etc)?
*** Please limit your essay to one page, either typed or printed legibly.**

Section 5: Proof of Enrollment and Letters of Recommendation

Please provide / attach two (2) letters of recommendation from people directly familiar with your work or education in the elder-care, medical, social services or related fields. Please also provide / attach proof of enrollment in an ACT I Scholarship-approved educational program.

Section 6: Signature

By signing below, I affirm under the penalty of perjury that this application and its attachments are true and accurate. I understand that if I withdraw my enrollment from an approved program of study that I am required to return the ACT I Scholarship award (if awarded) in full. I understand that this application and its attachments become the property of ACT I (Aging Community Team) upon submission.

Applicant Signature: _____ Date: _____