

2017 BCOA SCHOLARSHIP PROGRAM APPLICATION



Date: _____/_____/_____
Month Day Year

Scholarship Category:

Have you previously applied for a BCOA Scholarship?

_____ Graduate

_____ Yes

When? _____

_____ Undergraduate

_____ No

_____ Para-Professional

How did you hear about the scholarship? _____

PERSONAL INFORMATION

NAME: _____
First Middle Initial Last

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

E-Mail Address: _____

EMPLOYMENT INFORMATION

Are you presently employed? _____ Yes _____ No

If yes, please specify

Regular Full-Time _____

Work Study _____

Regular Part-Time _____

Other (Please specify) _____

Name of Company/Organization: _____ Position/Title: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Office Phone: _____

E-Mail Address: _____ Website: _____

ACADEMIC INFORMATION

Student Status: Full-Time _____ Area of Study: _____ Major: _____

Part-Time _____ Cumulative GPA _____ Credit/Hours Completed: _____ Credits remaining _____

Educational institution now attending: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Contact Phone: _____

WHY ARE YOU SEEKING THIS SCHOLARSHIP?

- Please write a short essay explaining why you want to work in the field of geriatrics and why you are seeking this scholarship. Include goals, community service and extracurricular activities relating to your experience with seniors.
- Describe activities or organizations in which you are now involved where you assume responsibility, contribute and/or make a difference in the field of geriatrics.

APPLICATION DEADLINE: July 24, 2017

BROWARD COALITION ON AGING

"Working together to improve the quality of life for Seniors"