Application for

PROFESSIONAL NETWORK ON AGING SCHOLARSHIP FOR STUDIES IN AGING

Professional Network on Aging

Section I. Scholarship Description

The Professional Network on Aging (PNA) is pleased to offer a scholarship for studies in aging. The purpose of this award is to support master's-level social work, counseling, nursing students, physical, occupational or speech therapy, or related studies, which are committed to working with seniors in Memphis and surrounding areas. Scholarships are in the amount of a maximum of $2,000 for one academic year. Applications are due by June 1 to be considered for the upcoming fall semester. The scholarship will be announced on July 1 and awarded to the receiving applicant on August 1.

Section II. Qualifications

1. Applicants must be graduate students who are in or have been accepted into a Master's Program in an accredited school of Social Work, Nursing, Counseling, Occupational Therapy, Speech Therapy, Physical Therapy, or related studies.
2. Applicants who plan to pursue a career in the field of gerontology.
3. Applicants who intend to work in Memphis or the surrounding areas post-graduation.

Section III. Application Process

1. An essay from the applicant that addresses his/her unique qualifications for receiving this scholarship, including experience in and dedication to the field of aging. Please elaborate on what draws you to a career involving aging and serving the 65 and over population. Explain values and principles you possess that will make you successful in the senior industry and in the career field. Provide your future career plans. (2-3 pages double-spaced preferred)
2. A short (1-2 paragraphs) statement of financial need that explains why you would benefit from being awarded a scholarship.
3. Two professional letters of recommendation.
4. Completed application.
5. Applicants will participate in a panel interview with members of the scholarship committee.

Section IV. References

List two professional references including name, address, title, complete mailing address and telephone number. Reference page follows. Please make copies and give one page to each reference. Upon completion, the references may either mail their recommendations directly to the PNA Scholarship Committee (address below) or give them back to you in a sealed envelope with their name written across the seal and you mail them to the PNA Scholarship Committee.

PNA Scholarship Committee
6539 Knight Arnold Rd. #46
Memphis, TN 38115
(901) 730-0528

Reference for

PNA Scholarship for Studies in Aging

Administered by the Professional Network on Aging

This person has applied for a scholarship from PNA. After completion, please give sealed recommendation to the student to complete their application.

Applicant's Name: _____
Years Known: _____
What Capacity? _____

Please write a short paragraph indicating this applicant's strengths and weaknesses.

Professional References:

Name: _____

Address: _____

Title: _____**Telephone:** _____

Your recommendation of this candidate:

Excellent _____ **Above Average** _____ **Average** _____ **Questionable**_____

_____ _____ _____
Signature **Title** **Date**

Reference for

PNA Scholarship for Studies in Aging

Administered by the Professional Network on Aging

This person has applied for a scholarship from PNA. After completion, please give sealed recommendation to the student to complete their application.

Applicant's Name: _____
Years Known: _____
What Capacity? _____

Please write a short paragraph indicating this applicant's strengths and weaknesses.

Professional References:

Name: _____

Address: _____

Title: _____**Telephone:** _____

Your recommendation of this candidate:

Excellent _____ **Above Average** _____ **Average** _____ **Questionable**_____

_____ _____ _____
Signature **Title** **Date**

Application for PNA Scholarship for Studies in Aging

Name: _____

Address: _____

Daytime Phone # _____ Alt. Phone # _____

E-Mail Address: _____

Education

College/University	Graduation Date	Degree Received	GPA
1. _____	_____	_____	_____
2._____	_____	_____	_____
3._____	_____	_____	_____

Non-Credit Educational, Training Workshop or Seminars

Workshop/Seminar/Course (include organization)	Dates of Attendance
1. _____	_____
2. _____	_____
3. _____	_____

Date of enrollment in current program: _____

Anticipated date of graduation: _____

If I am awarded this scholarship, I understand and affirm the following:

- If at anytime I suspend my studies, I understand that I forfeit the remainder of any scholarship award.
- I agree to have a mentor meeting each semester with a PNA scholarship committee member. I agree to attend a PNA meeting and speak to the members.
- I certify that this application is correct and complete.
- All information provided will be treated confidentially and used only for consideration by the Scholarship Committee.

_____

Student's Signature Date

Please complete this application, include the two professional references, a 2-3 page double-spaced essay that addresses your unique qualifications for receiving this scholarship, and a 1-2 paragraph statement of financial need and deliver or mail to:

Mail to:
Professional Network on Aging
6539 Knight Arnold Rd.
Memphis, TN 38115
Attn.: Scholarship Chairperson