



SCHOLARSHIP APPLICATION

Please **type** your answers if possible.

Last Name: Click or tap here to enter text.

First Name: Click or tap here to enter text.

Mailing Address

Street: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Daytime Telephone Number: (Click or tap here to enter text.)

Email Address: Click or tap here to enter text.

Current Employer: Click or tap here to enter text.

Number of Years they have been a FALA Member Click or tap here to enter text.

Position: Click or tap here to enter text.

Hire Date: Click or tap here to enter text.

a. List your hobbies, and volunteer activities:

Click or tap here to enter text.

b. List any awards you received from your employer:

Click or tap here to enter text.

c. Please state what motivated you to get involved in assisted living?:

Click or tap here to enter text.

How long have you worked in an Assisted Living Facility or Adult Family Care Home? Click or tap here to enter text.

Name of current secondary education school: Click or tap here to enter text.

Degree/Course of Study Pursuing Click or tap here to enter text.

Date of original Enrollment: Click or tap here to enter text. Anticipated Completion Date: Click or tap here to enter text.

Current GPA: Click or tap here to enter text.

Please include a current transcript or copy of upcoming schedule along with a minimum of 1 recommendation letter.

Briefly Describe your need and any additional information you would like to share.

Click or tap here to enter text.

The FALA Foundation 1618
Mahan Center Blvd., Suite 103
Tallahassee, FL 32308
Email: aspire@fala.org

REMINDER:

The deadline for this application to be received by the Foundation's Office is:

**July 23rd and
December 5th**

You can apply online at <https://www.fala.org/foundation-scholarship.html>