

Arthritis Foundation Leader Training Workshop - Alaska Tuition Scholarship Application

Thank you for your interest in becoming an Arthritis Foundation Program Leader. The Arthritis Foundation is glad to announce that we have scholarships available for individuals who plan to implement the program in their community. Scholarships are made possible by the support of the Alaska State Health Department's Arthritis Program for individuals planning to teach these programs in Alaska.

The objectives of the Arthritis Foundation Exercise Program and Arthritis Foundation Aquatics Program Leader Training Workshops are to increase the number of community-based exercises program available that are safe for Alaskans living with arthritis and other chronic illnesses as well as those who are generally de-conditioned.

Scholarships will be awarded on the basis of the ability of the instructor and her/his facility to offer the Arthritis Foundation program to their community. **Scholarships will not be provided to individuals who do not plan to implement an Arthritis Foundation Exercise Program or Arthritis Foundation Aquatics Program.**

To complete a scholarship application, please complete this form and submit along with your registration application and Co-Sponsoring Agency Letter of Agreement prior to the training. If you have questions, please contact the Pacific Northwest Chapter Office.

When you sign this agreement, you agree you will:

1. Actively participate in the 1 ½ day Leader Training Workshop, including assignments..
2. Implement an ongoing Arthritis Foundation Aquatics Program or Arthritis Foundation Aquatics within 6 months of the workshop in the community.
3. Return a complete and signed Co-Sponsoring Agency Letter of Agreement Form (attached) by the facility who will sponsor your program.
4. Indicate a start date for your program: _____
5. If unable to complete the workshop, will notify the Arthritis Foundation or the Alaska Arthritis Program as soon as possible. If you are unable to attend, please give at least a 72 hour cancellation. No-shows or late notice applicants will be invoiced for the full training fee.
6. Complete the following:

Name: _____

Email: _____

Address: _____

Home Phone: _____

Work Phone: _____

Fax number: _____

____ I will be teaching for the first time

____ I am re-certifying for this program

Which program will you be training for?

____ Arthritis Foundation Exercise Program (formerly PACE)

____ Arthritis Foundation Aquatics Program

Site where program will be implemented: _____

Site Contact person: _____

Site Phone Number: _____

Site Fax number: _____

If awarded a scholarship, I agree to the above terms:

Signature

Date

**Please return this form to the chapter office at
least two weeks prior to the training via mail to**

Arthritis Foundation, Pacific NW Chapter

3876 Bridge Way N., #300

Seattle, WA 98103

or by fax, 206-547-2805.

If you have questions, please call us at:

206-547-2707 or 1-800-746-1821

Or email JLindsay@arthritis.org