



## Scholarship Application

### 2008 CAREER CLIMB SCHOLARSHIP PROGRAM

### Honoring Paul Tunnell

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The QCHF scholarship program started in 1985 as *The Feingold Scholarship*. Dr. Feingold gave an endowment of \$22,000 in memory of his wife, Shirley. The interest from this endowment has been made available for scholarships. In 1995 *Life Care Foundation* gave a donation of \$15,000 and the scholarship program became known as the "*Career Climb Scholarship Program*". *Hanson Bridgett Marcus Vlahos & Rudy, LLP* and the *Wilshire Foundation* are among some of the other organizations who have generously contributed to this fund. This scholarship

opportunity is intended to promote both the present and future well-being of the long-term care industry in California. The mission of the Quality Care Health Foundation is largely based on providing educational advancement to those dedicated staff members who care for California's long-term care residents, patients and clients each day, and in so doing, help those individuals achieve a higher quality of life. QCHF thanks each of the organizations that have donated to the 2008 Career Climb Scholarship fund. We look forward to distributing these funds to many deserving individuals working in the long-term care industry.

The QCHF Board of Trustees is pleased to offer you this opportunity.  
Walter Hekimian, Chairman  
QCHF Board of Trustees

**Please complete this application form in its entirety. The application, essay and two letters of reference should be typed or printed clearly. *Additional material not requested within this application will not be considered.* All completed application packets must be POSTMARKED BY September 15, 2008 and sent to: QCHF Scholarship Selection Committee, P.O. Box 537004, Sacramento, CA 95853-7004.**

Criteria for applying for this scholarship are:

1. Applicants must have one or more years of work experience in long-term care;
2. Applicants must complete the application form in its entirety, including an essay and letters of recommendation;
3. Applicants must be actively employed in the long-term care industry (SNF, NF, ICF/MR) at the time of application **and** at the time of scholarship award.
4. Scholarship recipients will be required to submit receipts for the use of scholarship money for the cost of tuition, text books and/or required materials.

Selection of scholarship recipients will be made during the month of September, 2008 with notification of award distributed in October, 2008. Award presentations will take place at the *CAHF Annual Convention and Trade Show in November*. Scholarship funds will be distributed to recipients by December 15, 2008.

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## 2008 CAREER CLIMB SCHOLARSHIP APPLICATION

*(Please type or print neatly)*

1. Amount of educational scholarship requested: *(circle one)* \$500 - \$1,000 - \$1,500 - \$2,000 - \$2,500
  
2. Name of applicant: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_
  
3. Applicant mailing address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
  
4. Applicant Social Security number: \_ \_ \_ \_ - - \_ \_ - - \_ \_ \_ \_
  
5. Name of the facility where you work: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_
  
6. Facility Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
  
- Name of your immediate supervisor: \_\_\_\_\_
  
7. Number of years you have worked for your current employer: \_\_\_\_\_
  
8. Total numbers of years in long-term care: \_\_\_\_\_ Your present position is: \_\_\_\_\_
  
9. Name of the educational institution you would use grant money to attend: \_\_\_\_\_
  
10. Your anticipated yearly cost of books for this education: \$ \_\_\_\_\_
  
11. Your anticipated yearly cost of tuition for this education: \$ \_\_\_\_\_
  
12. Have you previously received a QCHF scholarship award? If so, how much? \_\_\_\_\_
  
13. What position, certification or degree do you wish to attain with continuing education? \_\_\_\_\_
  
14. Is your employer a member of the California Association of Health Facilities (CAHF)? \_\_\_ Yes \_\_\_ No
  
15. ***I certify that all information contained herein is true and correct.***

***Applicant signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

16. ***I knowingly consent to my employer, former employers and references being contacted as to my qualifications for this scholarship award.***

***Applicant signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

*Did you remember to attach your 100 to 250 word essay and your two letters of recommendation? Please ensure that your recommendations and essay follow the directions as indicated on each form.*

Thank you for your application.

**ATTACH THIS PAGE TO YOUR COMPLETED APPLICATION**

**Reference Letter # 1 – Must be from a current supervisor**

Dear Supervisor,

This letter of reference is for: \_\_\_\_\_  
*(Applicant: print your name here)*

This person is applying for a Career Climb Scholarship being awarded in November, 2008 by the Quality Care Health Foundation. Please tell us why this applicant should be chosen as an award recipient based upon you knowledge of this individual's initiative, merit and experience in promoting quality in the delivery of health care in California. Write your thoughts about this person's eligibility, using no more than 250 words. Please type or print clearly. Thank you for your assistance.

\_\_\_\_\_  
*Name of person writing this reference*

( ) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Date written*

*(Please write below line or attach letter.)*

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