



2024 Scholarship Program

Quality Care Health Foundation

Application Deadline EXTENDED – July 1, 2024

All completed applications and supporting documents must be submitted via email together by July 1, 2024

The Paul Tunnell Career Climb Scholarship is named for longtime CAHF member and Board Chair Paul Tunnell. Paul was a licensed nursing home administrator in San Francisco, where he demonstrated daily his genuine appreciation and respect for his staff and residents. His dedication to the profession of long-term care and skilled nursing showed in his sense of humor and passion for those he served and guided. It is our hope that the scholarship bearing his name will help foster new long-term care/skilled nursing professionals possessing Paul's tremendous strength of character and empathy.

Long-term care employees, take the next step in your professional development with the Paul Tunnell Career Climb Scholarship. This annual scholarship of up to \$2,500 is open to anyone currently working in the long-term care industry with at least one year of experience. No matter what your current position, you can get assistance furthering your educational goals and your career in long-term care, while improving the quality of care you provide to some of the most vulnerable members of our society.

Advance your educational goals and career in long-term care, while improving the quality of care you provide to some of the most vulnerable members of our society.

Criteria for Application:

- Applicants must be actively employed in the long-term care industry at the time of application and award
- Planning to continue working at a Skilled Nursing Facility, Assisted Living or in Long Term Care
- Applicants must have one year of work experience in long-term care
- Applicants must complete the application form in its entirety, including essay and two (2) letters of reference for submission to be considered
- Scholarship funds are to be used for tuition, textbooks and required materials associated with your education. (QCHF reserves the right to request proof of required materials) To request scholarship funds; recipient must submit receipts and a fund request form and proof of required materials when requested.

Please complete this application in its entirety. The application, essay, and two (2) letters of reference should be typed or printed clearly. All completed applications and supporting documents must be received by their respective deadline dates. Submit via mail to:

***2024 Career Climb Scholarship Selection Committee
scanned PDF sent via email to CMerced@cahf.org***

Updated May 2024

2024 Career Climb Scholarship Program



Career Climb Scholarship Application

(THIS PAGE MUST BE TYPE OR PRINTED CLEARLY)

Applicant Personal Information

Name of Applicant: _____ Phone: _____

Applicant's mailing address: _____

City: _____ State: _____ Zip Code: _____

Applicant's email _____

Applicant's Social Security Number: ____ / ____ / ____

Applicant Facility/Company Information

Name of Facility where Applicant works: _____

Work Facility's Address: _____

City: _____ State: _____ Zip Code: _____

Is your employer a member of CAHF? ☐ YES ☐ NO

Total number of years you have worked for your current employer: _____

Total years in long-term care: _____ What is your present position: _____

Administrator Information

Administrator's Name: _____

Phone #: _____ Ext. _____

Email: _____

Other Information

Name of educational institution where you plan to use your scholarship money:

What is your educational goal?

Have you previously received a QCHF Scholarship? ☐ YES, What Year(s)? _____ ☐ NO

2024 Career Climb Scholarship Program



Recommendation Letter #1

I certify that all the information contained herein is true and correct.

Applicant's signature: _____ **Date:** _____

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

Applicant's signature: _____ **Date:** _____

Did you remember to attach your 100 -250 word essay and your two letters of reference? Please ensure that your references and essay follow the directions indicated in each form. Thank you for your application.

ATTACH THIS PAGE TO YOUR COMPLETED APPLICATION (2024)

Reference Letter #1 - Must be from the current administrator or employer

Dear _____,

This letter of reference is for: _____
(Applicant: print your name here)

*The above individual is applying for a Career Climb Scholarship, which will be awarded in 2024 by the Quality Care Health Foundation. Please tell us why this applicant should be chosen for an award based on your knowledge of the individual's **initiative, merit, and experience** in promoting quality in the delivery of healthcare in California. Write your thoughts about this individual's eligibility using no more than 250 words. Please print or type clearly. Thank you for your assistance and your support of quality healthcare.*

(Name of person writing reference)

(_____) _____ Date _____
(Phone number) (Date)

(Please write below this line or attach as convenient)

2024 Career Climb Scholarship Program



Recommendation Letter #2

I certify that all the information contained herein is true and correct.

Applicant's signature: _____ **Date:** _____

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

Applicant's signature: _____ **Date:** _____

Did you remember to attach your 100 -250 word essay and your two letters of reference? Please ensure that your references and essay follow the directions indicated in each form. Thank you for your application.

ATTACH THIS PAGE TO YOUR COMPLETED APPLICATION (2024)

Reference Letter #2 – A personal reference from a friend, colleague or instructor

Dear _____,

This letter of reference is for: _____
(Applicant: print your name here)

*The above individual is applying for a Career Climb Scholarship, which will be awarded in 2024 by the Quality Care Health Foundation. Please tell us why this applicant should be chosen for an award based on your knowledge of the individual's **initiative, merit, and experience** in promoting quality in the delivery of healthcare in California. Write your thoughts about this individual's eligibility using no more than 250 words. Please print or type clearly. Thank you for your assistance and your support of quality healthcare*

(Name of person writing reference)

(_____) _____ Date _____
(Phone number) (Date)

(Please write below this line or attach as convenient)

2024 Career Climb Scholarship Program



- **Personal Essay** -

Please print legibly. Use no more than 250 words.

Name of Applicant: _____ **Date:** _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

- Personal Essay -

THIS PAGE IS PROVIDE FOR THOSE WHO WISH TO TYPE THEIR PERSONAL ESSAY
Use no more than 250 words.

Name of Applicant: _____ Date: _____

2024 Career Climb Scholarship Program



2024 Career Climb Scholarship Application Check List

This page for is for personal use only. Do not submit this page

Education can be affordable thanks to programs such as scholarships.

The checklist below will help you keep organized while navigating the scholarship application process.

The 2024 application is open for submission from March 18, 2024 (EXTENDED) to July 1, 2024

- ☐ Currently Employed at a long-term care/skilled nursing profession in California
- ☐ Planning to continue working at a Skilled Nursing Facility, Assisted Living or in Long Term Care
- ☐ One year of work experience in long-term care
- ☐ Personal Information
- ☐ Facility Information
- ☐ Administrators Information
- ☐ Reference Letter #1
- ☐ Reference Letter #2
- ☐ Personal Essay
- ☐ Photo/Video Release form (signed)

2024 Career Climb Scholarship Program



Photo/Video Release Form

I hereby grant QCHF/CAHF permission to use my likeness in a video or photograph in any and all of its publications or promotional materials, including website and social media postings. I acknowledge that I will not receive payment or any other consideration for this use.

I understand and agree that these materials will become the property of QCHF/CAHF and will not be returned.

I authorize QCHF/CAHF to edit, alter, copy, exhibit, publish or distribute this video or photo for promotional purposes or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

[I hereby hold harmless and release and forever discharge [facility] from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.]

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature) (Date)

(Printed Name) (Date)

If the person signing is under age 21, or unable to give their own consent, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature) (Date)

(Parent/Guardian's Printed Name)