



2021 Elevate Charities Scholarship Program

Quality Care Health Foundation



Deadline: December 30, 2021

All completed applications and supporting documents must be emailed by December 30, 2021

This scholarship has its origins in the Ensign Foundation, which was established a decade ago by Ensign Services founder Christopher Christensen. Recognizing that seniors were often neglected, the Foundation gives back to the community by helping seniors bridge the gap of basic necessities that Medicare and Medicaid do not cover, such as dentures, hearing aids and glasses. The Ensign Foundation became the HOME Foundation in 2014 and in 2019 was re-named Elevate Charities.

Long-term care employees take the next step in your professional development with the Elevate Charities Scholarship. Every year, this scholarship awards \$5,000 each to four individuals. It is open to those who are ALL of the following:

- Currently employed at a skilled nursing facility in California
- Working towards a CNA-to-LVN, CNA-to-RN, LVN-to-RN or other medical certification working with seniors in the community
- Planning to continue working in skilled nursing facility, assisted living or long term care

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
- Working to become a CNA-to-LVN, CNA-to-RN, LVN-to-RN, or other medical certification working with Seniors in the community
- 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
- Scholarship funds are to be used for tuition, textbooks and required materials associated with your education. To access funds, scholarship recipient must submit receipts and a fund request form.

Please complete this application in its entirety. The application, essay, and two (2) letters of reference must be typed or printed clearly. All completed applications and supporting documents must be submitted together, in PDF format, sent as one attachment and received by December 30, 2021.

Submit via email to:

***2021 Elevate Charities Scholarship Selection Committee
scanned pdf sent via email to CMerced@cahf.org***

Updated 09/8/2021

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Elevate Charities Scholarship Application



(MUST BE TYPED 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

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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 (2021)

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 an Elevate Charities Scholarship, which will be awarded in 2021 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)

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 (2021)

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 an Elevate Charities Scholarship, which will be awarded in 2021 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*

_____ (_____) _____ Date _____
(Name of person writing reference) (Phone number) (Date)

(Please write below this line or attach as convenient)

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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)

Elevate Charities Scholarship Application Check List

Education can be affordable thanks to programs such as scholarships.

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

- Currently Employed at a skilled nursing facility in California
- Working towards a, CNA-to-LVN, CNA-to-RN, LVN-to-RN, or other medical certification working with Seniors in the community
- 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
- Currently employed in the LTC industry profession
- Personal Information
- Facility Information
- Administrators Information
- Reference Letter #1
- Reference Letter #2
- Personal Essay
- Photo/Video Release form (signed)



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