

2023 Scholarship Program

Quality Care Health Foundation

Deadline: June 30, 2023

All completed applications and supporting documents must be emailed together by June 30, 2023

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:

2023 Career Climb Scholarship Selection Committee scanned PDF sent via email to CMerced@cahf.org

Updated April 2023



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	t Facility/Company Information
Name of Facility where Applicant works:	
Work Facility's Address:	
City:	State: Zip Code:
Is your employer a member of CA	AHF? □YES □NO
Total number of years you have worked f	or your current employer:
Total years in long-term care:V	Vhat is your present position:
Ac	Iministrator Information
Administrator's Name:	
Phone # <u>:</u>	Ext.
Email:	
	Other Information
Name of educational institution where yo	ou plan to use your scholarship money:
What is your educational goal?	
Have you previously received a QCHF Sch	olarship?

QUALITY CARE

QUALITY CARE

QUALITY CARE

Recommendation Letter #1

I certify that all the information contained herein is	
Applicant's signature:	Date:
I knowingly consent to my employer, former employed qualifications for this scholarship award.	rs and references being contacted as to my
Applicant's signature:	Date:
Did you remember to attach your 100 -25 reference? Please ensure that your references a each form. Thank you fo	and essay follow the directions indicated in
ATTACH THIS PAGE TO YOUR COMPLETED APPLICATION	ON (2023)
Reference Letter #1 - Must be from the current adm	inistrator or employer
Dear,	
This letter of reference is for:	
This letter of reference is for:(Applicant: print you	ur name here)
Quality Care Health Foundation. Please tell us why the based on your knowledge of the individual's initiative the delivery of healthcare in California. Write your the more than 250 words. Please print or type clearly. The quality healthcare.	e, merit, and experience in promoting quality in oughts about this individual's eligibility using no ank you for your assistance and your support of
(Name of person writing reference)	() Date (Phone number) (Date)
(Please write below this line or attach as convenient)	

Recommendation Letter #2

Applicant 3 signature.	Date: _	
I knowingly consent to my employer, former emp		
qualifications for this scholarship award.		
Applicant's signature:	Date:	
Did you remember to attach your 100 reference? Please ensure that your reference each form. Thank yo		-
ATTACH THIS PAGE TO YOUR COMPLETED APPLI	CATION (2023)	
Reference Letter #2 – A personal reference fron	n a friend, colleague or instructor	
Dear,		
This letter of reference is for:		
(Applicant: prii	nt your name here)	
The above individual is applying for a Career Clin Quality Care Health Foundation. Please tell us wl	• •	•
the delivery of healthcare in California. Write you more than 250 words. Please print or type clearly	ur thoughts about this individual's	omoting quality in eligibility using no
based on your knowledge of the individual's initi the delivery of healthcare in California. Write you more than 250 words. Please print or type clearly quality healthcare	ur thoughts about this individual's v. Thank you for your assistance a	omoting quality in eligibility using no nd your support of
the delivery of healthcare in California. Write you more than 250 words. Please print or type clearly	ur thoughts about this individual's	omoting quality in eligibility using no nd your support of
the delivery of healthcare in California. Write you more than 250 words. Please print or type clearly quality healthcare (Name of person writing reference)	ur thoughts about this individual's v. Thank you for your assistance an () Do (Phone number)	omoting quality in eligibility using no nd your support of
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the delivery of healthcare in California. Write you more than 250 words. Please print or type clearly quality healthcare (Name of person writing reference)	ur thoughts about this individual's v. Thank you for your assistance an () Do (Phone number)	omoting quality in eligibility using no nd your support of

- Personal Essay -

lame of Applicant:	Date	::

- 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:	

2023 Career Climb 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 long-term care/skilled nursing profession in
<u>California</u>
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)

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 g by a parent or guardian, as follows: I hereby certify named without reservation to the foregoing on behalf of the	that I am the parent or guardian of above, and do hereby give my consent
(Parent/Guardian's Signature)	(Date)
(Parent/Guardian's Printed Name)	