

# Paul Tunnell Career Climb Scholarship FUNDS REQUEST FORM

Awarded by Quality Care Health Foundation

**How to apply for funds:** Complete this form and include copies of all receipts.

**Email : a completed scholarship funds request form and a scanned pdf copy and all receipts to Cheyenne Merced, Education Assistant Cmerced@cahf.org**

Funds for your award will only be available up to 2 years from your award date. Any unclaimed scholarship monies will be returned to the Foundation's respective scholarship fund.

All checks will be sent to the address you have listed as your primary mailing address unless otherwise requested.

## Scholarship Recipient Information

PLEASE PRINT CLEARLY

Full Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Home address: \_\_\_\_\_ Same as Mailing: Y / N

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

## Scholarship Year/Amount

Amount of Scholarship award: \$ \_\_\_\_\_ Year awarded \_\_2020 / Other \_\_\_\_\_

**Amount being requested today: \$ \_\_\_\_\_ (Receipts must total this amount)**