

# 2026 Scholarship Program

Quality Care Health Foundation

## Application Deadline – June 30, 2026

Complete application and supporting documents must be submitted together, via email by June 30, 2026.

**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.

### Criteria for Application:

- A minimum of one-year experience in the long-term care sector.
- Actively engaged in the long-term care industry both during the application process and upon receiving the award.
- Your commitment to continuing your career in Skilled Nursing Facilities, Assisted Living, or Long-Term Care must be evident.
  - This opportunity to available to all job categories in the Long-Term Care industry.
- Completion of the comprehensive application, including an essay and two (2) letters of reference, is mandatory for consideration.

Scholarship funds are designated for reimbursing tuition, procuring textbooks, and acquiring necessary materials for your education. (QCHF reserves the right to verify the necessity of these materials.)

***The 2026 application is open for submission from April 1, 2026 to June 30, 2026***

***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:***

***2026 Career Climb Scholarship Selection Committee  
scanned PDF sent via email to [CMerced@cahf.org](mailto:CMerced@cahf.org)***

*Updated March 2026*

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# 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

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**- 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:** \_\_\_\_\_

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*2026 Career Climb Scholarship Program*



## 2026 Career Climb Scholarship Application Check List

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**Education can be affordable thanks to programs such as scholarships.**

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

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- 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)

# 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)