

## 2009 Career Climb Scholarship Program Honoring Paul Tunnell Application Form

The QCHF Scholarship Program began in 1985 as *the Feingold Scholarship*. Dr. Feingold gave an endowment of \$22,000 in memory of his wife, Shirley. The interest from this endowment has been made available for scholarships. In 1995 *Life Care Centers of America* made a donation of \$15,000 and the scholarship program became known as the "Career Climb Scholarship Program." *Hanson Bridgett Marcus Vlahos & Rudy, LLP* and the *Wilshire Foundation* are among other organizations who have generously contributed to the Fund.

This scholarship opportunity is intended to promote both the present and future well-being of long term care in California. The mission of the Quality Care Health Foundation is largely based on providing educational advancement to those dedicated staff members who care for California's long term care residents on a daily basis and, in so doing, help those individuals achieve a higher quality of life. QCHF and the Fund thank each of the organizations and individuals who have donated to the scholarship fund over the years. We look forward to distributing these funds to many deserving individuals working in long term care.

The QCHF Board of Trustees is pleased to offer you this opportunity,  
*Walter Hekimian*, Chairman of the Board of Trustees

***Please complete this application form in its entirety. The application, essay and two (2) letters of reference should be typed or printed clearly. Additional material not requested will not be considered. All completed applications and supporting documents must be POST-MARKED not later than September 15, 2009 and sent to:***

***QCHF 2009 Scholarship Selection Committee  
2201 K Street  
Sacramento, CA 95816- 4922***

Criteria for Application are:

1. Applicants must have one-year of work experience in long term care;
2. Applicants must complete the application form in its entirety, including essay and letters of recommendation;
3. Applicants must be actively employed in the long term care industry at the time of application and award;
4. Scholarship recipients will be required to submit receipts for the use of their scholarship funds for tuition, books and required materials.

Selection of recipients will be made during the months of September & October with notification by October 15. Award presentations will be made at the Annual Convention & Trade Show in November with funds distributed by December 15, 2009.

# 2009 Career Climb Scholarship Program

(Please type or print clearly)

1. Amount of educational scholarship requested  \$500  \$1,000  \$1,500  \$2,000  \$2,500
2. Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Applicant's mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Applicant's Social Security Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
5. Name of Facility where Applicant works: \_\_\_\_\_ Phone: \_\_\_\_\_
6. Work Facility's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
7. Total number of years you have worked for your current employer: \_\_\_\_\_
8. Total years in long term care: \_\_\_\_\_ What is your present position: \_\_\_\_\_
9. Name of educational institution where you plan to use your scholarship money: \_\_\_\_\_  
\_\_\_\_\_
10. Your anticipated yearly cost of books: \$ \_\_\_\_\_
11. Your anticipated yearly cost of tuition: \$ \_\_\_\_\_
12. Have you previously received a Career Climb Scholarship?  YES  NO
13. What is your educational goal? \_\_\_\_\_  
\_\_\_\_\_
14. Is your employer a member of CAHF?  YES  NO

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

*Applicant's signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

16. *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 to 250 word essay and your two letters of recommendation?  
Please ensure that your recommendations and essay follow the directions indicated in each form.  
Thank you for your application.**

**ATTACH THIS PAGE TO YOUR COMPLETED APPLICATION  
(2009)**

**Reference Letter #1 - Must be from a current Supervisor!**

**Dear Supervisor,**

**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 November, 2009 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 health care 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 health care.*

\_\_\_\_\_ ( ) \_\_\_\_\_ *Date* \_\_\_\_\_  
*(Name of person writing reference) (Phone number)*

*(Please write below this line or attach as convenient)*

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**ATTACH THIS PAGE TO YOUR COMPLETED APPLICATION  
(2009)**

**Reference Letter #2 - Reference of your choice - cannot be a relative!**

**Dear Supervisor,**

**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 November, 2009 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 health care 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 health care.*

\_\_\_\_\_ ( ) \_\_\_\_\_ *Date* \_\_\_\_\_  
*(Name of person writing reference) (Phone number)*

*(Please write below this line or attach as convenient)*

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