CAHF Career Climb Scholarship Program
Ritchie Wills Scholarship Award

In recognition of her decades of mentoring, guidance and dedication, the CAHF San Bernardino/Riverside Chapter is inaugurating the Ritchie Wills Scholarship Fund to foster the educational goals of future long-term care leaders by offering financial support to candidates who have demonstrated compassion, commitment and promise in the health & long-term care industry.

The Ritchie Wills Scholarship Fund will enable deserving individuals to enter, develop and guide the profession in providing quality care to the frail and elderly while fulfilling leadership roles now and in the future.

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 POSTMARKED no later than July 15, 2018 and sent to:

Attention Joan Redden; 17130 Van Buren Blvd., suite 365
Riverside, California 92504

Deadline for submission of applications is July 15, 2018 with announcement of winners in August 2018. Awards will be made at the CAHF San Bernardino/Riverside Chapter in September, 2018 at the Fall Symposium

SCHOLARSHIP AWARDS WILL VARY FROM $500 UPWARDS AND WILL BE BASED ON MERIT AND FUND AVAILABILITY.

Applicant Qualifications

Applicants must meet all of the requirements listed below:

1. Applicants must have one-year of work experience in long term care and must currently be employed by a CAHF affiliated facility

2. Applicants must complete the application form in its entirety, including personal essay and letters of recommendation.

3. Applicants must be actively employed by a CAHF affiliated facility at the time of application and award.

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Ritchie Wills Scholarship Award

Application Form (Please type or print clearly)

Name of Applicant: _____ Phone: _____

Applicant's mailing address: _____

City: _____ State: ____ Zip Code: _____

Applicant's email_____

Applicant's Social Security Number: __ __ __ / __ __ / __ __ __

Name of Facility where Applicant works: _____ Phone: _____

Work Facility's Address: _____

City: _____ State: ____ Zip Code: _____

Administrator's Name and Phone #:_____

Total number of years you have worked for your current employer: _____

Total years in long term care: _____What is your present position: _____

Name of educational institution where you plan to use your scholarship money

_____

Anticipated yearly cost of books: $ _____ Anticipated yearly cost of tuition: $ _____

Have you previously received a Career Climb Scholarship? ❑YES ❑NO

What is your educational goal? _____

_____

Is your employer a member of CAHF? ❑YES ❑NO

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:*** _____

Reference Letter #1 - Must be from a current Supervisor or Employer

Dear Supervisor,

This letter of reference is for: _____

(*Applicant: please print your name here)*

The above individual is applying for a Career Climb Scholarship which will be awarded in September 2018 at the San Bernardino-Riverside CAHF Chapter Fall Symposium. 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 towards quality health care.

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

(Please write below this line or attach as convenient)

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Reference Letter #2 – Reference of your choice – Cannot be a relative.

Dear Reference,

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 September 2018 by the San Bernardino/ Riverside CAHF Chapter at the Fall Symposium. 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 towards quality health care.

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

(Please write below this line or attach as convenient)

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ATTACH THIS PAGE TO YOUR COMPLETED APPLICATION

- Personal Essay –

Please write a personal statement indicating why you should be selected and how your educational goals align with making a contribution to the Health Care Community. (Please type or print legibly. Use no more than 250 words.)

Name of Applicant: _____ Date: _____

Application Checklist

- Completed Application form
- Two (2) letters of recommendation (One MUST be from an immediate Supervisor)
- Personal Essay