



Scholarship Application

CAHSA Professional Education

Name/Title of Applicant _____

Organization _____

Address _____

City/State/Zip _____ Telephone/Fax _____

Event Title/Date _____

Have you received a CAHSA scholarship in the past? _____ If so, for what? _____

How will attending this meeting benefit you and your facility? _____

What level of assistance do you require?

Registration _____

TOTAL _____

If chosen as a scholarship recipient, may CAHSA use your name in future scholarship promotions? Y _____ N _____

Application Process

CAHSA will acknowledge receipt of application and the date decision will be made. Each applicant will be notified of the decision prior to meeting registration deadlines. Recipients are required to submit receipts for reimbursement along with a brief synopsis on their participation experience.

Guidelines for Scholarship Applicants

The fund gives members an opportunity to attend CAHSA one-day programs and education events who otherwise would be unable to participate because of financial limitations. Scholarships are available to employees, residents and trustees of CAHSA voting members, graduate student members pursuing a degree in aging services, or individuals who are sponsored by a CAHSA voting member. CAHSA's Scholarship Subcommittee will make all scholarship decisions. The following criteria and selection process shall be used in selecting scholarship recipients:

- Applicants must be employees, residents, or trustees of RCFE, CCRC, MLRC AL, SNF, HCBS, or Housing CAHSA members, or graduate student members pursuing a degree in aging services, or individuals who are sponsored by a CAHSA voting member
- The applicant's facility may not be receiving reduced dues
- The scholarship amount may not exceed the total AAHSA/CAHSA dues paid
- Only one applicant per member facility may be considered
- Applicants must have administrator or supervisor's approval to apply
- Established application deadlines must be met
- Exceptions shall be considered on a case-by-case basis.

Education/Basic Event Participation Funds will be available for registration only for one-day workshops.

I understand the basis for the CAHSA scholarship is financial limitations. I hereby make application to CAHSA for a scholarship to the professional education program or event listed above, based on the difficulties for me or my facility to pay registration costs. As a condition of acceptance, I agree to be a session moderator if asked, provide CAHSA a synopsis on my participation experience and, if requested, to share my knowledge at other appropriate CAHSA forums.

Signature of Applicant _____ Date _____

Signature of Administrator or Supervisor _____ Date _____

Return to Melissa Laughlin-Guerra at CAHSA up to four weeks prior to meeting date:

1315 I Street, Suite 100, Sacramento, CA 95814
PHONE 916-932-1265 • FAX 916-428-4250

CAHSA USE: Recd.	Reviewed	Approved/Disapproved	Notified
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