

Coalition for Quality End of Life Care Scholarship Form 2018

PLEASE NOTE: This application is to be used ONLY if you are applying for one or more of the scholarships listed below:

- * "At Risk" Texas Bar Foundation
Scholarship for Respecting
Choices facilitator training for
Advance Care Planning (ACP)
discussions
- First Presbyterian Fort Worth
- Communities Foundation of Texas

* "At Risk" populations are defined as: homeless, urban poor, elderly, infirm or LBGTO communities.

- ❖ *A limited number of scholarships is available to individuals – volunteers will be given preference in funding.*
- ❖ *Applicants will be notified by e-mail of the Board's decision.*
- ❖ *All Decisions are final.*

General Instructions to Applicant

- ◆ Make certain all information is legible.
- ◆ Only complete applications will be reviewed. Mark N/A if not applicable.
- ◆ There is a \$25.00 Application fee for all scholarships. Application fee must be received before the application goes to the review committee. You can pay online at www.coalitionqec.org or mail a check to P.O. Box 12424, Fort Worth, TX 76110.

1. Personal Information

Full name of applicant _____ Nickname _____
Cell phone number _____ Email address _____
Home address _____
City _____ State _____ Zip _____

2. Education

List highest level of education, credentials & licenses, or any school you are presently attending.

3. Employment History

List jobs you have held in the last three years.

Employer	Dates	Hours per week	Position	Phone
----------	-------	----------------	----------	-------

Current Employer: _____

4. Financial Need Summary

Have you asked your employer for funding for ACP training? _____

How will you use ACP in the course of your profession? _____

Where do you volunteer and how will you use ACP in your work? _____

Please explain how you will focus on "At Risk" populations? & Where? _____

5. Participation in community service and extra-curricular activities.

6. List academic awards, achievements and dates.

7. Names of 3 Professional References, phone # & e-mail addresses:

I do state the above information is accurate to the best of my knowledge.

Signature of Applicant _____

Date _____

NOTE: This scholarship application form **must be submitted** by January 5, 2018 to CQEC, P.O. Box 12424, Fort Worth, TX 76011

Official Use Only:

Date Board Approved: _____ ACP 1st or Last: _____ # _____