

# 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](http://www.coalitionqec.org) or mail a check to P.O. Box 12424, Fort Worth, TX 76110.
- ◆ Name & Date of the event you are registering for: \_\_\_\_\_

## 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.

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## 3. Employment History

List jobs you have held in the last three years.

Employer	Dates	Hours per week	Position	Phone
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Current Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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#### 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:

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I do state the above information is accurate to the best of my knowledge and I am willing for information to be used to inform foundations and the public. I also agree to report back to CQEC how I have used this training twice annually.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

NOTE: This scholarship application form must be submitted by **10 days prior to event registration deadline to CQEC**, P.O. Box 12424, Fort Worth, TX 76110.

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*Official Use Only:*

Date Board Approved: \_\_\_\_\_ ACP 1<sup>st</sup> or Last: \_\_\_\_\_ # \_\_\_\_\_