



California ASSOCIATION FOR HEALTH SERVICES AT HOME Ambassador Award Application

*Information provided on this application will be used by CAHSAH to select scholarship recipients.
Please respond to each item as completely and accurately as possible.*

Please read these instructions carefully. For additional information on CAHSAH's *Ambassador Award*, please see the cover page included or log on to our website at www.cahsah.org.

Completing the Ambassador Award Application:

- Please type or print (in Black/Blue ink only).
- Please include your full name, social security number, address, and telephone number at the top of the application.
- Please answer all questions fully and completely.
- Email your Nominee Profile to mlander@cahsah.org.

If you have questions about the application process, please contact Michele Lander at mlander@cahsah.org.

Nominee's Full Name: _____ Title _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Please give examples of how this individual has made special contributions to the advancement of home care.

2. In what ways has this individual served as an ambassador for CAHSAH and its programs?

3. Please describe outstanding contributions this individual has made while serving on home care association committees or related work groups.

4. Please provide additional information to support the nomination of this individual for the CAHSAH Ambassador.

Nomination Profile Completed by: _____ Date: _____

Title: _____ Email: _____

Organization: _____

Address: _____ City: _____ State: _____ Phone: _____