



70 Washington Street
Suite 215
Oakland, CA 94607

510.874.7102
(fax) 510.874.7111

CEO Approval for Kaiser Permanente IHI Scholarship Fund

Date: _____

Name of Scholarship Applicant: _____

Applicant's Position/Job Title: _____

Applicant's CAPH Hospital/Health System: _____

Applicant's Phone: _____

Applicant's Email: _____

IHI Program for which you are seeking scholarship support:

Approval by CEO or Designee

Name and Title of CEO or Designee: _____

CEO or Designee's Signature: _____

Please return this form by fax to (510) 874-7111 OR email to sni_info@caph.org with the subject "IHI Scholarship- CEO Approval".