**CLOROXPro Scholarship**

**IPAC Canada National Education Conference**

**Form 1 – Application Information**

Before submitting an application, review the application guidelines and submission instructions posted at: [https://ipac-canada.org/clorox-scholarship.php](about:blank) . All sections of the application must be completed. Where there is no information to be provided, state “Not applicable.”

I am applying for the  in-person conference – or –  virtual conference.

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| **Part 1: Applicant Information** | |
| Full Applicant Name: | Click here to enter text. |
| Academic Designation(s): | Click here to enter text. |
| Department: | Click here to enter text. |
| Facility/Institution Name: | Click here to enter text. |
| Address: | Click here to enter text. |
| Telephone: | Click here to enter text. |
| Email: | Click here to enter text. |
| Indicate length of employment in Infection Prevention and Control: | Click here to enter text. |
| I will remain employed in IPAC throughout the 2024 conference: | Choose an item. |
| Current IPAC Canada national member for at least 1 year by application deadline (Required): | Choose an item. |
| IPAC Canada Membership Number: | Click here to enter text. |
| IPAC Canada Chapter Membership: | Click here to enter text. |
| Currently hold certification by the Certification Board of Infection Control & Epidemiology, Inc. (CBIC**®**)  CIC  LTC-CIP  a-ICP | Choose an item. |
| Year of CBICcertification or last recertification: | Click here to enter text. |

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| **Part 2: IPAC Canada Activity in the Past 2 Years** | |
| List role(s) on IPAC Canada Board, Chapter or Interest Group: | Click here to enter text. |
| List role(s) on IPAC Canada Internal Committees or Workgroups (maximum 5 years): | Click here to enter text. |
| List role(s) as an IPAC Canada representative on External Committees or Workgroups (maximum 5 years): | Click here to enter text. |
| List participation in IPAC Canada projects (e.g. volunteered at a conference, participated in IPAC Canada national projects, etc.) – maximum 5 years | Click here to enter text. |
| List nominations or awards received from IPAC Canada: | Click here to enter text. |
| List presentations delivered at IPAC Canada education sessions (maximum 5 years): | Click here to enter text. |
| List articles submitted to the Canadian Journal of Infection Control (CJIC) (maximum 5 years): | Click here to enter text. |
| Are you submitting an abstract(s) to the current conference? | Choose an item. |
| State the working title of the abstract submitted for the current conference:  Click here to enter text. | |

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| **Part 3: Written Statements** | |
| 4.1 Describe what you would gain from attending the conference, how you will apply what you learn and why you should be chosen for a scholarship (**Max. 250 words** or approx. ½ page). | |
| Click here to enter text. | |
| 4.2 Describe your leadership in and a description of a project/initiative to improve cleaning and disinfection practice, including its challenges and successes. The brief should include project objective, setting and participants, methodology, evaluation plan, and a description of your specific role in the project. (**Max. 300 words** or approx. ½ page). | |
| Click here to enter text. | |
| 4.3 Confirmation of Chapter Participation – See below. | |
| **Part 4: Conference Attendance and Funding** | |
| Previous IPAC Conference attendance: | Choose an item. |
| List awards, scholarships and bursaries awarded and when: | Click here to enter text. |
| Funding requested for:  Hotel accommodation (maximum 3 nights) – to a maximum of $260 per night including taxes | $ Click or tap here to enter text. |
| Funding requested for travel | $ Click or tap here to enter text. |
| Funding requested for registration (indicate in-person $1,000 or virtual registration $600). | $ Click or tap here to enter text. |
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| **Part 6: Release** | |
| * *I understand the maximum scholarship award, per successful applicant, is $1,500 CAD for the in-person conference or $600 CAD for the virtual conference.* * *I understand the award will be offered for the 2025 National Education Conference, June 1-4, 2025, Winnipeg).* * *I understand that if I am successful and receive a scholarship, I will be provided with a discount code to register for the conference.*   *All applicants and Recipients must comply with the rules and requirements set by IPAC Canada. Each applicant and Recipient agrees that CloroxPro, its affiliates, IPAC Canada and their respective directors, officers, employees, agents and assigns are released from any claims, damages, costs or expenses relating to the awarding of the scholarship or the scholarship itself.* | |
| **Submission of this application indicates the applicant’s name, photograph and summary of project/initiative may be published:** | Choose an item. |
| **Signature (Required):** | Choose an item. |

**National Education Conference Scholarship**

**Chapter Activity**

Before submitting an application, review the application guidelines and submission instructions posted at: [https://ipac-canada.org/clorox-scholarship.php](about:blank) . Remember to complete and submit the entire application form and chapter activity confirmation with your application. All sections of the application must be completed. Where there is no information to be provided, state “Not applicable.”

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| **Part 1: Chapter Activity in the Past 5 Years** | |
| *May be completed by the Applicant but must be verified by a current Chapter Executive.* | |
| Full Applicant Name: | Click here to enter text. |
| Chapter Name: | Click here to enter text. |
| Past and Present Chapter Executive role(s) held by Applicant: | Click here to enter text. |
| Current Chapter committees or working groups the Applicant participates in: | Click here to enter text. |
| Summarize Chapter projects or events the Applicant participated in or organized: | Click here to enter text. |
| Estimate the number of Chapter meetings the Applicant participated in (virtually or in person) **in the past 12 months:** | Choose an item. |

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| **Part 2. Release** | |
| *I verify that the above information is true and accurate to the best of my knowledge.* | |
| **Signature of Chapter Executive** |  |
| **Title of Chapter Executive signing** | Click here to enter text. |