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**2025 CLOROXPro SCHOLARSHIP**

**EMPLOYER ATTESTATION**

As the Direct Supervisor of the applicant (name of applicant): Click here to enter text.

Institution (name of institution): Click here to enter text.

Address (Street, City, Province, Postal Code): Click here to enter text.

I hereby attest that funding in the amount of $ \_\_\_\_\_\_\_\_\_ will be provided to the applicant to attend the 2025 IPAC Canada National Education Conference (Winnipeg, June 1-4, 2025).

Date: Click here to enter text.

Name of Supervisor/Employer: Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

Signature (Insertion of a full name is considered to be a signature): Click here to enter text.