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**2019 GOJO Industries Inc. Scholarship**

**Application Form**

BEFORE SUBMITTING APPLICATION, APPLICANTS MUST REVIEW THE APPLICATION GUIDELINES

WHICH ARE POSTED TO: <https://ipac-canada.org/gojo-scholarship.php> Complete this application, save to your computer, and upload when requested on the submission platform.

**Please enter your FULL NAME:**Click here to enter text.

**Academic Designation (e.g. RN, MD, MLT, etc.):**Click here to enter text.

**Department:**Click here to enter text.

**Facility/Institution:**Click here to enter text.

**Address:**Click here to enter text.

**Phone:**Click here to enter text. **Fax:** Click here to enter text.

**Email:**Click here to enter text.

**Please choose the type of organisation (Required):**Choose an item.

**If you chose "Other" above, please specify:**Click here to enter text.

**I have been in Infection Prevention and Control for the following number of years:**Click here to enter text.

**I am a current IPAC Canada National Member for at least one year (Required):**Choose an item.

**IPAC Canada Membership Number and expiry date:**Click here to enter text.

**I currently hold Certification in Infection Control (CIC®) through the Certification Board of Infection Control (CBIC) (Required):**Choose an item.

**Year of certification or last recertification:**Click here to enter text.

**I have been an IPAC Canada Chapter member for at least one year:**Choose an item.

**I belong to the following chapter(s) of IPAC Canada:**Click here to enter text.

**2019 ABSTRACT SUBMISSION:** If you are planning to submit an abstract to the 2019 conference, please provide both the working title AND a brief outline of rationale of the research/project. DO NOT UPLOAD THE ENTIRE ABSTRACT.

Click here to enter text.

**It has been five years or more since I received funding from the GOJO Scholarship, Diversey Education Bursary or Virox Scholarship:**Choose an item.

**SPONSORSHIP and SUPPORT**

Provide a list of potential sponsors to whom you have applied for conference funding and the status of the funding request(s). Alternatively, provide an explanation for the lack of funding.

Click here to enter text.

**PREVIOUS CONFERENCE ATTENDANCE (please choose one):**

This is my first IPAC Canada conference.

I attended an IPAC Canada conference in the past 1 to 5 years, in the following year(s): Click here to enter text.

It has been 6 or more years since I last attended and IPAC Canada conference.

**Amount of Funding Requested (maximum $1500.00):**

* **Estimated Travel:** Click here to enter text.
* **Hotel (at conference rate, including approx. 18.475% fees and taxes (subject to change), maximum 3 nights** Click here to enter text.
* **Conference Registration (including 14.975% GST/QST)** Click here to enter text.

**RELEASE**

*I understand the maximum scholarship award, per successful applicant, is $1500.00 and that applicants may be awarded an amount less than the maximum.*

*I understand that awards will be paid on receipt of the official reimbursement form (IPAC Canada Form 44) including relevant receipts which must include the vendor’s BN/GST/HST number.*

*I understand that expenses eligible for reimbursement are:*

* *Economy travel to and from Québec City or 52 cents per km for private car to the maximum of return economy travel. Agency fees, seat selection fees, change fees, and excess baggage charges are not reimbursed.*
* *Taxi to/from Hotel – using the less expensive method of transportation*
* *Maximum of 3 nights accommodation at the Headquarter Hotel (Hilton Québec or Delta Québec) or to the maximum room rate of $209.00 (Hilton) or $199.00 (Delta) per night (plus taxes) if staying at another property.*
* *Conference Registration (not including special events)*
* *Meals are not reimbursable*

*All applicants and Recipients must comply with the rules and requirements set by IPAC Canada. Each applicant and Recipient agrees that GOJO Industries Inc., 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 and photograph(s) may be published.*Choose an item.

**Signature (Required)**:Click here to enter text.

*Enter your full name to confirm your agreement with the above conditions.*