**Metrex CaviWipes Scholarship**

**National Education Conference Scholarship**

**Form 47A – Applicant Information**

Before submitting an application, review the application guidelines and submission instructions posted at: https://ipac-canada.org/metrex-caviwipes-canada-scholarships. Remember to complete and submit both Forms 47A (Application), Form 47B (Employer Attestation), and Form 47C (Chapter Activities).. 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: Applicant Information**  |
| Full 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. |
| Full Address:  | Click here to enter text. |
| Telephone:  | Click here to enter text. |
| Email:  | Click here to enter text. |
| Number of years employed in infection prevention and control: | Click here to enter text. |
| Current IPAC Canada member for at least 6 months by application deadline (Required):  | Choose an item. |
| I will be employed in IPAC throughout the conference.  | Choose an item. |
| IPAC Canada Membership Number: | Click here to enter text. |
| IPAC Canada Chapter Membership Name:  | Click or tap here to enter text. |
| Hold a current certification from the Certification Board of Infection Control & Epidemiology, Inc**.** (CBIC**®**) | Choose an item. |
| Year of original certification and last recertification  | Click or tap here to enter text. |

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| **Part 2: IPAC Canada Activity in the Past Year** |
| List roles held in your Chapter in the past year.  | Click here to enter text. |
| List roles held in an interest group in the past year.  | Click here to enter text. |
| List roles on IPAC Canada committees or projects in the past year (e.g. volunteered at a Chapter conference, participated on a national committee or project, etc.) | Click here to enter text. |
| Are you submitting an abstract(s) to the 2025 conference? | Choose an item. |
| State the working title of the abstract submitted for the current conference:Click here to enter text. |
| Provide a brief outline of the abstract submitted for the current conference (summarize content; actual text to be submitted with abstract is not required): Click here to enter text. |

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| **Part 3: Activity Outside of IPAC Canada in the Past Year.**  |
| List participation in infection prevention and control related projects: | Click here to enter text. |
| **Part 4: Written Statement** |
| 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 or tap here to enter text. |

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| **Part 5: Conference Attendance and Funding**  |
| Previous IPAC Conference attendance | Choose an item. |
| Funding requested for:Travel (indicate estimated amount) |  |
| Funding requested for:Hotel accommodation (maximum 3 nights) – to maximum of conference hotel $260 per night including taxes |  |
| TOTAL FUNDING REQUEST |  |
| **Part 6: Release** |
| *I understand that expenses eligible for reimbursement are 2025 National Education Conference travel and accommodation.* *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 Metrex, 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 may be published:** | Choose an item. |
| **Signature (Required):** |  |

**Application includes:**

**Form 47A – Application**

**Form 47B – Employer Support**

**Form 47C – Chapter Activities**