



# Scholarship APPLICATION FORM

Please carefully read all the information prior to completing this application form

Please print clearly

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

Post Code:

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Position Held: \_\_\_\_\_

Postal Address:

(if different from above)

\_\_\_\_\_  
\_\_\_\_\_

Post Code:

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Phone: (Work) \_\_\_\_\_ Phone: (After Hours) \_\_\_\_\_

Phone: (Mobile) \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-mail: (please print) \_\_\_\_\_

Number of years of practice in Infection Control: \_\_\_\_\_

Number of years as financial member of ICPAQ: \_\_\_\_\_

Attendance / Input into activities relating to Infection Control over the last two (2) years:

\_\_\_\_\_

Scholarship you are applying for (please circle)

A	B	C	D
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Activity for which scholarship is to be used:

Title: \_\_\_\_\_

Date: \_\_\_\_\_ to: \_\_\_\_\_ Venue: \_\_\_\_\_

\*Ensure all required application package items are enclosed:.

For All:

Curriculum Vitae  
including referee  
details

Response to selection  
criteria

Costs/ brochure

For A & B  
only

Eligibility to study

Academic transcript

# Details of Funding Requirements

Anticipated Cost of Seminar / Conference / Study or Research:

Registration Fee:	\$
Travel Expenses:	\$
Other Expenses: _____	\$
<b>Total:</b>	<b>\$</b>

Have you received any monies from other sources towards any of the above costs?

Yes	No
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If yes please state the source and amount:

\_\_\_\_\_

**DECLARATION:**

I, \_\_\_\_\_ (print) declare that the information herein given is correct and agree to accept the terms and conditions of the scholarship if successful.

I agree to:

- Provide the Management Committee of ICPAQ with the required report, within three (3) months of attendance at the activity.

And

- Immediately return all monies given to me by ICPAQ in full, if, for any reason, I do not use the scholarship for the purpose herein described.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For office use only**

Date received:

Application Package complete?

YES	NO
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Full and financial member of ICPAQ?

YES	NO		How Long?		years
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Employed in IC related role?

YES	NO		How Long?		years
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Previous scholarship from ICPAQ?

YES	NO	When?		Amount?	
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Which scholarship applied for

A	B	C	D	
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Costs:

Approved:	YES	NO
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Comments:

Notified:

\_\_\_\_\_