APIC Greater ATLANTA Guidelines

POLICY: Membership Dues Scholarship Support

PURPOSE: Greater Atlanta APIC is offering APIC membership scholarship(s) to those in need of financial assistance. An application for support must be approved by the board. The support is for an annual national and Chapter 25 APIC membership. A maximum of ten (10) awards (in addition to the drawings) will be granted annually based on available funds.

RECIPIENT CRITERIA:
1. Must be currently employed as an Infection Prevention Professional.
2. Must lack other readily available resources.
3. Must meet application deadline requirements.
4. Must sign up to become a member within the Greater Atlanta APIC Chapter 25.
5. Educational support funds will only be awarded to an individual once every three (3) years.

APPLICATION CRITERIA:
1. A completed application form should be submitted to the board or assigned designee two (2) months prior to presentation topic.
2. The applicant will be notified in writing or by email by the board within two (2) weeks of review.

REQUIREMENTS:
1. Applicant must agree to provide a short educational session (5-10 minutes) during an assigned Greater Atlanta APIC meeting on relevant infection prevention topic (e.g. short review of an outbreak, an infection prevention success story, overview of a peer-reviewed journal article).
2. Educational support funds may be awarded in advance or reimbursed as determined by the board.
3. Proof of membership due payments are be submitted to receive reimbursement.
4. If funds are awarded in advance of the offering and recipient does not meet educational session requirement, refund of monies will be required within sixty (60) days of notification.
5. The award is not transferable.
APIC Greater Atlanta
APPLICATION FOR Membership Dues Scholarship Support

Name: ________________________   _______________________   _________________
Last                      First                      Middle

Home Address: _______________________________________________________________
_________________________________________________________________________

Business Name and Address: _________________________________________________
_________________________________________________________________________

Job Title: _________________________________________________________________

Cell Phone (   )_______________   Work Phone (   )______________

E-mail: _________________________________________________________________ (Preferred Work or Personal)

Educational Topic to be shared (Session Title):
________________________________________________________________________
________________________________________________________________________

Why are you interested in reviewing this topic with membership?
________________________________________________________________________
________________________________________________________________________

Preferred Monthly Meeting to Present at (e.g. August 2021): _________________

Have you received a scholarship/funds from APIC Chapter 25 within the last 3 years? ______

Have you requested funds for this from your institution and been denied? ______________

How will having an APIC Membership benefit you and your ability as an Infection Preventionist?
________________________________________________________________________
________________________________________________________________________

Supervisor Signature: ___________________________________Email: ___________________

Contact: Pam Falk, Education Committee Chair with any questions and to submit application -
pamelasfalk@gmail.com