

Educational Grant Application, Criteria & Instructions

Purpose: To provide financial support for educational offerings for our members.

Application Criteria:

1. Applicant must be a current member of APIC-MN.
2. Amount budgeted by APIC-MN board will be distributed on a "first come, first serve" basis determined by date of postmark.
3. Amount of grant will be \$100.00 maximum per member per calendar year.
4. Funds can be used for tuition only for an educational offering provided by an APIC group or the Department of Health. (This does not include the APIC-MN Fall Conference for which members already get a discount.)
6. Applicant will submit a paragraph highlighting an idea or concept of value to APIC members to be published in an issue of *News & Views* following the educational offering.
7. A significant portion of the offering must have infection control content.
8. If applicant is unable to attend the offering for which the funds have been granted, the full amount of tuition granted will be returned to the treasurer.

Grant Application /Approval Mechanism:

1. The applicant will copy and complete the online "Educational Grant Application" form and submit completed education grant application form to APIC-MN Treasurer.
 - (treasurer@apicmn.org)
2. The Treasurer will review and approve or disapprove the application...
 - Questions regarding applicant eligibility will be directed to the Board for discussion and final approval.
3. The Treasurer will notify the applicant of approval or denial of the application
 - When the application is approved, the Treasurer will send a check to applicant.
4. The check will be notification of approval.
5. Applicant will attend the education session.
6. The Applicant will write a summary about the educational session and submit it to the editor of the *NEWS & VIEWS* or will present a poster at the APIC-MN fall conference.

Application for APIC-MN Education Grant

Please print or type:

Name: _____

APIC Membership #: _____

Address: _____

Telephone: _____ email: _____

Name of Workshop: _____

Date of Workshop: _____

Sponsoring Agency: Department of Health APIC OTHER _____

Amount of Tuition Requested (\$100.00 Maximum) _____

√ Attach a copy of the completed registration form.

√ Send this form to: Chapter Treasurer (see *News and Views* or APIC MN website for contact information)

By signing this form, I acknowledge and accept the criteria for this grant. I agree to use the grant to continue my education and will return the full amount granted if I am unable to attend this workshop.

Signature: _____ Date: _____