APIC EAST CENTRAL PA
CHAPTER 43

TITLE: Scholarship Award Committee

I. PURPOSE

A. To organize and conduct an annual program to solicit nominees from the Chapter membership for consideration to receive scholarships in accordance with established guidelines. (Appendix A)

B. To select scholarship recipients in accordance with these guidelines.

II. PERSONS AFFECTED

A. Chairperson
B. Committee Members
C. Chapter Members

III. POLICY

A. The Committee will comply with Chapter Guidelines for awarding the scholarships. (Appendix A)

B. The Committee will be composed of chapter members and will not exceed a total of four members, and a Chairperson.

C. The Chairperson will coordinate Committee activities, distribute applications and criteria, and report to the Board.

D. Committee members will participate as needed by taking an active role in soliciting applications and selecting the scholarship award recipients.

E. Committee members will interact as necessary to review the applications and select scholarship award recipients.

F. The Scholarship Award recipients will be announced when approved by the Board of Directors.

G. The amount of the awards will be dependent upon sufficient funds identified by the chapter's yearly budget.

Approved by APIC-ECP Board 3/28/2025 o Reviewed X Revised o New

President's Signature _____

Original Approval Date: 4/14/98

APPENDIX A

Guidelines for Awarding a Scholarship to APIC-ECP Members.

I. **PURPOSE:** To provide members who participate in APIC-ECP activities and who exemplify certain prerequisite professional characteristics with a scholarship to attend educational programs.

A. Criteria for Consideration of Scholarship Award Recipient

1. Is active in practice as an Infection Prevention & Control Professional
2. Exemplifies the highest standards of Infection Prevention & Control Practice
3. Utilizes educational opportunities
4. Extends knowledge to others in his/her workplace and the community
5. Is a resource for others
6. Participates in his/her professional organizations including APIC-ECP

B. Selection of Scholarship Recipients

1. A Scholarship Award Committee and Guidelines are established to solicit and review applications for scholarships.
2. Applications will be accepted from January 1st through September 30th each year.
3. Applicants will complete the application form which includes a synopsis of their infection control experience and participation in APIC-ECP.
4. Applicants must provide a current CV or resume detailing their education and work experience.
5. The Scholarship Award Committee will review the applications by evaluating the criteria and synopsis provided by the applicant. Through this evaluation the committee will report the results to the Board of Directors.
6. The Scholarship Award Committee will respond to each applicant as to the outcome of his/her application. The President will announce the names of scholarship recipients when approved.
7. Award recipients will not be eligible for another scholarship until a year from the date of the scholarship.

C. Scholarship

1. Three (3) scholarships will be awarded each year.

2. Each scholarship amount will be dependent upon sufficient funds identified in the proposed yearly budget as determined by the Board. This will be for use for the registration of the educational program.

3. Awarded Scholarship must be used within one year.
   a) If there are extenuating circumstances that preclude the use of the money within the designated time, the recipient must petition to the Scholarship Award Committee in writing for an exemption/extension.

4. Funds will be made available to the recipient upon paid receipt of the education program and presentation to the chapter.

APPENDIX B

APIC-ECP
SCHOLARSHIP AWARD APPLICATION

AWARD CRITERIA

- member of APIC-ECP for a minimum of 1 year
- active in the practice of Infection Prevention & Control
- attends educational programs
- money to be used for educational program
- extends knowledge to others, his/her workplace and the community
- serves as a resource for others
- participates in APIC-ECP activities
- Please attach a CV or resume

Name: _____ Facility _____

Address _____ Telephone # _____

_____

Email _____

Years of Practice in Infection Prevention _____ Current Position/Title: _____

Areas of Responsibility:

Describe at least <u>one</u> example of an educational program you developed or participated in within the last 12 months.

_____

_____

_____

Describe your participation in APIC-ECP. (Include attendance, service on committees, Board membership, presentations and contributions to chapter activities)

_____

_____

_____

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** This money is to be used for Infection Prevention & Control Educational Offerings ***and it must benefit the chapter.***

This award may <u>not</u> be used for Certification, Award recipients will be obligated to provide a review of the educational offering at a subsequent chapter meeting.

Comments for the Scholarship Award Committee (optional) (Use reverse side if needed)

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Forward application and CV or resume to: Sharon Fruehan at sfruehan@wellspan.org.

3/2025