



**SHEA IDWeek Awards
Application Form – DUE May 5, 2017**

IMPORTANT:

- Only provide information directly requested in the application.
- Include a high resolution digital photo in your application. Photos of award recipients will be displayed at **IDWeek**. Consent for use of the photo for this purpose is implied by providing the consent signature on this form. If submitting application by email, include an e-signature indicating consent.

APPLICATION FOR:

- SHEA Mentor Scholar Award** **SHEA Senior Scholarship Award**
- SHEA Pediatric Scholarship Award** **SHEA Advanced Practice IP Award**
- SHEA Mid-Career Scholarship Award** **SHEA International Scholarship Award**
- NEW - SHEA Antibiotic Stewardship Scholarship Award**

Name of Nominee:
Organization:
Address:
City, State, Zip, Country:
Phone
Fax
Email

Consent (full consent is required for consideration)

I, (print name) _____, hereby consent to be nominated to receive a SHEA **IDWeek** Award and authorize the use of my name and photograph in any publicity of the award.

Signature of the Nominee

Date

Please Submit Applications via email to foundation@shea-online.org