



**SHEA IDWeek 2018 Awards
Application Form – DUE May 4, 2018**

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
- 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