



## SHEA IDWeek 2020 Awards Application Form – DUE May 1, 2020

**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:**

- |  |   |
|--|---|
| <input type="checkbox"/> SHEA Mentor Scholar Award                     | <input type="checkbox"/> SHEA Senior Scholarship Award        |
| <input type="checkbox"/> SHEA Pediatric Scholarship Award              | <input type="checkbox"/> SHEA Advanced Practice IP Award      |
| <input type="checkbox"/> SHEA Mid-Career Scholarship Award             | <input type="checkbox"/> SHEA International Scholarship Award |
| <input type="checkbox"/> 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](mailto:foundation@shea-online.org)