



# Nebraska Infection Control Network Scholarship Application Form

**Purpose:** The Nebraska Infection Control Network offers a limited number of scholarships to defray course registration fees for applicants whose attendance may be compromised by financial issues.

**Applications must be received by no later than 1 month prior to the starting date of the course.**

**Persons eligible to apply for a scholarship must:**

- ✓ Be actively functioning in an infection control capacity
- ✓ Be a currently licensed RN, LPN, or Medical Technologist

Scholarships provide for course registration fees to be waived. No other payment of expenses is provided.

**Please complete the following:**

Preferred Primary Infection Prevention Course Dates: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_

Length of time in position: \_\_\_\_\_

Percent FTE devoted to Infection Control: \_\_\_\_\_

List past attendance at Infection Control training (name/date/location): \_\_\_\_\_

Chief Administrator and/or supervisor: \_\_\_\_\_

Phone number of the supervisor: \_\_\_\_\_

Please briefly explain the reason you are applying for this financial scholarship; you may attach additional pages if desired:

Send completed application to Kate Tyner at [LTyner@nebraskamed.com](mailto:LTyner@nebraskamed.com)