



## SHEA Education & Research Foundation SCHOLARSHIP NOMINATION FORM

Important: DEADLINE FOR SUBMISSION – DECEMBER 5, 2017

- **This nomination form must be completed for EACH nomination.**
- Only provide directly relevant information needed to support the application.

*If applying for the Freeman Scholarship you will also need to submit:*

- CV
- A letter of no more than one page describing why you would like to have additional training in healthcare epidemiology and your career goals.
- A letter from your program director confirming your status of a “Fellow in good standing” at the time the meeting will occur (April 2018).
- A letter from a mentor outlining your qualifications (if your program director is also your mentor, only one letter is required).

*If applying for the Pugliese Scholarship you will also need to submit:*

- CV
- A letter of no more than one page describing why you would like to have additional training in healthcare epidemiology and your career goals.
- A letter from your supervisor or a colleague in the field, outlining your qualifications and leadership skills.

*If applying for the Bill Rutala Scholarship you will also need to submit:*

- CV
- A letter of no more than one page describing why you would like to have additional training in healthcare epidemiology and your career goals.
- A letter from your supervisor or a colleague in the field, outlining your qualifications and research skills.

- The entire application can be scanned and sent to: [foundation@shea-online.org](mailto:foundation@shea-online.org).
- Include a digital photo in your application for display at the event. Consent for use of the photo is implied in providing your signature.

**Submit to:**

**SHEA Scholarship Submission  
1300 Wilson Blvd., Suite 300  
Arlington, VA 22209  
Fax: (703) 684-1009  
E-mail: [foundation@shea-online.org](mailto:foundation@shea-online.org)**

**This form applies to the following SHEA Spring Scholarships:**

- **Jonathan Freeman**
- **Gina Pugliese**
- **Bill Rutala**

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**Name of Nominee:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Nominating Organization or Individual:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Consent** *(full consent of nominees is required for consideration)*

I, (print name) \_\_\_\_\_, hereby consent to be nominated to receive the award indicated on this form and authorize the use of my name and photograph in any publicity of the award.

**Signature of Nominee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit to:**  
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Fax: (703) 684-1009  
E-mail: [foundation@shea-online.org](mailto:foundation@shea-online.org)

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