



SHEA Education & Research Foundation SCHOLARSHIP NOMINATION FORM

Important: DEADLINE FOR SUBMISSION – NOVEMBER 30, 2018

- **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 2019).
 - 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.
- 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

This form applies to the following SHEA Spring Scholarships:

Jonathan Freeman

Gina Pugliese

Bill Rutala

Name of Nominee: _____

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: _____

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