



## Application for Financial Assistance

### Section 1: Member Information

Applicant Name: _____			
Address: _____			
Street/Box No.	City/Town	Postal Code	
Telephone: (Home) _____	(Work) _____	E-mail: _____	
Health Care Facility: _____		Department: _____	
Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual			
IPAC-Canada membership # _____			
Nature of Request for funding: <input type="checkbox"/> National Conference <input type="checkbox"/> CIC <input type="checkbox"/> Education Program/Course			
Name of Conference/Course _____		Date of Conference/Course _____	
Eligibility Criteria: <input type="checkbox"/> Current member of IPAC-SASKPIC			
<input type="checkbox"/> Request is related to practice of infection prevention and control			
<input type="checkbox"/> Denied funding from employer			

### Section 2: Scoring Matrix

	Point Value	Point Earned
<b>Membership</b>		
1. IPAC-SASKPIC member ≥ 3 years	5	
2. IPAC-SASKPIC member 2 years	3	
3. IPAC-SASKPIC member 1 year or less	1	
<b>Attendance at IPAC-SASKPIC Meetings</b>		
1. Regular attendance (>50%) in previous year	5	
2. 50% attendance in previous year	3	
3. Occasional attendance (<50%) in previous year	1	
<b>Participation in IPAC- SASKPIC (circle highest point value if more than one applies)</b>		
1. Member of Present Executive	5	
2. Current chapter representative for IPAC-Canada interest group	4	
3. Member of Past Executive	3	
4. Past chapter representative for IPAC-Canada interest group	2	
5. Presenter/presented at IPAC-SASKPIC spring/fall education session	1	

<b>Participation in the event applied for (i.e. National conference, workshop)</b>		
1. Presentation (can include a poster, abstract or actual presentation)	5	
2. Other participation (volunteer, moderator, ect)	3	
<b>Financial Need</b>		
1. Receiving no other assistance	5	
2. Receiving assistance from other sources	3	
<b>Previous Funding from IPAC-SASKPIC</b>		
1. No funding in previous 4 years	5	
2. Received funding in previous 2-4 years	3	
3. Received funding in previous year	1	
<b>CIC Certified</b>		
1. Yes	5	
2. Plan on writing this year	3	
3. No	1	
<b>Total Points Earned</b>		
Signature of Applicant _____ Date _____		

<b>Office Use Only</b>	
Amount awarded for attendance at IPAC-Canada Conference: _____	
OR	
Amount awarded for attendance at other education event/CIC Certification: _____	
_____	_____
Signature of Committee Chairperson	Date

**IPAC-SASKPIC will only use and disclose the personal information collected in connection with this application for the purposes of evaluating and processing the application, validating the information provided and any other purpose as required by law.**