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: _________________________________________________________________________

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

_______________________________________________________________________________

Mail completed application to Kate Tyner, 988173 Nebraska Medical Center, Omaha, NE 68198-8173 or email to LTyner@nebraskamed.com