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# Wounds Canada 2020 Spring Conference Scholarship Application

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | Province/Territory | ZIP Code |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Phone: |  | Email |  | | | | | |
| Are you a healthcare provider, administrator or educator? | | | | YES | NO |  |  |  |
| Are you a wound care champion, resource person, leader or equivalent? (Please note that this scholarship is NOT limited to people in these positions and is open to any healthcare provider, administrator or educator). | | | | YES | NO |
| Do you work in Alberta, Canada? | | | | YES | NO |  |  |  |
| Are you a member or immediate family member of a member of the 2020 Wounds Canada Spring Conference local conference planning committee? | | | | YES | NO |
| Are you a member or immediate family member of a member of the Wounds Canada or Wounds Canada Foundation Board of Directors? | | | | YES | NO |
| Are you an employee or immediate family member of an employee of Wounds Canada? | | | | YES | NO |
| Are you an employee or immediate family member of an employee of any manufacturer or distributor of wound care products, equipment or technologies? | | | | YES | NO |
|  | | | |  |  |

## Applicant Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to scholarship, I understand that false or misleading information in my application may result in my scholarship being rescinded.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**DON’T FORGET TO ATTACH A TYPED ESSAY (MAXIMUM 250 WORDS) DESCRIBING HOW YOU PLAN ON USING THE KNOWLEDGE YOU LEARN DURING THE 2020 WOUNDS CANADA SPRING CONFERENCE TO CHANGE YOUR OWN PROFESSIONAL PRACTICE AND TO INFLUCEN PRACTICE AND POLICY CHANGE AT YOUR ORGANIZATION.**

## Manager Information and Acknowledgement

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: | |  |  | | | |  | Date: | |  |
|  | | Last | First | | | | M.I. |  | |  |
| Organization: |  | | | | |  | | |  | |
| Phone: | |  | | Email |  | | | | | |

I am aware that the applicant listed may be attending the 2020 Wounds Canada Spring Conference in Calgary, AB (April 3-4, 2020), with the intent to improve on their own personal professional practice and to influence policy change. Delegates are provided the opportunity to learn about the most recent scientific evidence, technology and tools related to wound prevention and care. This includes practical, patient-centered, cost-effective approaches to wound care and policy implications.

If this application leads to scholarship, I will support the applicant listed to improve on their own professional practice and to influence policy change (when indicated, within reason). I will also complete and sign a travel approval form on their behalf.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |