

## Northwest Wisconsin Healthcare Emergency Readiness Coalition HPP Fiscal Year July 1, 2022-June 30, 2023 Scholarship Form

The Northwest Wisconsin Healthcare Emergency Readiness Coalition is offering scholarships to assist in the training and development of **Emergency Preparedness capabilities** in healthcare personnel. These scholarships are NOT intended to pay for initial certifications or licenses and cannot be used to pay for license or certification renewals. These scholarships will remain available as long as the funds remain. **\*\*Public Health please note**, if you receive PHEP funding to attend a conference or training, you are not allowed to also receive HPP funding for that same conference or training.

### **Please read the following carefully!**

1. Please note: **We are subject to State Reimbursement Rates**. Scholarships of up to \$500 are available to cover registration fees, meals, (up to \$9 for breakfast, \$11 for lunch, \$21 for dinner-no alcohol will be reimbursed), mileage (at the State rate of \$.51/mile), or hotel expenses **per room** of \$90/night.
2. An individual MAY apply for more than one event, but will not receive more than a total of \$500 in scholarship funds per fiscal year. Please use a separate scholarship application for each event.
3. Training MUST be COMPLETED prior to June 30, 2023. All expenses will be paid up front by the healthcare organization or employee. All receipts and confirmations of registration MUST be submitted within two weeks following the event in order to be reimbursed.

### **To receive a scholarship:**

1. Submit a completed Scholarship Form along with the Conference Flyer or Notification (if it is not one of the conferences listed below) to [coordinator@nwwiherc.org](mailto:coordinator@nwwiherc.org)
2. Wait for Confirmation that you have received the scholarship **PRIOR** to registration if receipt of funds decides if you are attending or not.
3. Attend the event.
4. Submit all receipts and confirmation of registration within two weeks following the event.

# Scholarship Application

**Name:**

**Title/ Position:**

**Phone Number:**

**Email:**

**Healthcare Agency or Organization:**

**Healthcare Agency or Organization Address:**

**Name of Conference or Training (please attach flyer or announcement of training):**

**Dates of Training:**

**How will this training increase Emergency Preparedness Capabilities within the region?:**

**Requested Amount of Scholarship:**

**Signature of Requestor:**

**Date of Request:**

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**Request for Scholarship:** Approved:            or Denied:            Reason for Denial:

Please remember to keep all receipts and registration confirmations to be submitted within two weeks of the Conference or Training.

Submit all receipts to: [coordinator@nwwiherc.org](mailto:coordinator@nwwiherc.org)