A close up of a sign

Description automatically generated

**APPLICATION FOR SCHOLARSHIP FUNDING TO SUPPORT ATTENDANCE**

**AT THE WORLD CONFERENCE ON DROWNING PREVENTION 2019**

# **DELEGATE SELECTION CRITERIA**

For the SupaDel funding, delegates must be a national of a low- or middle-income country (LMIC) and be living in an LMIC at the time of the conference. Please check the criteria for other scholarships on

[WCDP2019 InfoSite Scholarship Funding](https://ils.eventsair.com/QuickEventWebsitePortal/wcdp2019/infosite).

An application form must be submitted in **ALL** cases by the deadline specified.

Applications must be received by **30th April 2019** at the latest. All applications received by that date will then be considered by a WCDP2019 Scholarship Committee. The committee is appointed by the ILS and WCDP2019 Local Organising Committee. Applicants will be informed by **8th June 2019** that a decision has been made with the following outcomes:

* Successful with funding awarded
* Added to a wait-list in case additional resources can be obtained
* Unsuccessful

As additional funds are received, delegates who are “successful pending additional funding donations” will be notified that their status has changed to “successful with funding in place”.

Preference will be given to:

* Applicants who have been selected to present their paper as an Oral Presentation
* Applicants who live in African countries
* Applicants who can clearly demonstrate the potential impact of their attendance at WCDP 2019

Note: The Scholarships Committee will consider factors such as applicants who have never previously attended an ILS World Conference on Drowning Prevention, or who have not previously received scholarship funding previously, but this will not exclude a person from consideration.

**SUBMITTING YOUR APPLICATION**

**The form must be completed and sent by e-mail to** [**wcdp2019.info@ilsf.org**](mailto:wcdp2019.info@ilsf.org)

The following documents must be submitted with the application form

* Two references that can attest to your work
* A copy of the photo page of your passport

**WCDP 2019 SCHOLARSHIP APPLICATION**

**YOUR CONTACT INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | | | **Gender** | |  |
| **First Name** |  | | | **Last Name** | |  |
| **Address** |  | | | **City** | |  |
| **Province/State/Territory** |  | | | **Country** | |  |
| **Home Phone** |  | | | **Work Phone** | |  |
| **Postal/Zip Code** |  | | | **Date of Birth** | |  |
| **E-mail address** |  | | | | | |
| **Mobile Telephone (including country code)** | | | |  | | |
| **Do you use WhatsApp?** | | *Yes**No* | | | | |
| **If you use WhatsApp on a different number to the one stated above, please give your WhatsApp number** | | | | |  | |
| **Skype contact name (if applicable)** | |  | | | | |
| **Have you a good level of spoken English?** | | | *Yes**No* | | | |
| **What is your main language?** | | |  | | | |
| **From which scholarship funding source are you applying for funding?** | | |  | | | |

1. **Describe your involvement in Drowning Prevention work in your nation, region, and/or community, listing your main tasks and what you have achieved (max 300 words)**

|  |
| --- |
|  |

1. **Please explain the potential impact of your attendance at WCDP 2019, i.e how will other attendees benefit from your attendance? (max 100 words)**

|  |
| --- |
|  |

1. **Your anticipated Budget (please give all amounts in South African rand (ZAR) – you can use xe.com for currency conversions)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Approximate costs** | **Rand** | **Potential Revenue Streams** | **Rand** |
| **Registration Fees** |  | **Personal contribution** |  |
| **Travel** |  | **Other Grants** |  |
| **Accommodation** |  | **Employer** |  |
| **Food** |  | **Corporate Sponsor** |  |
| **Other (if appropriate)** |  | **Fundraising efforts** |  |
|  |  | **Other (if appropriate)** |  |
|  |  | **How much scholarship funding are you requesting?** |  |
| **Total** |  | **Total** |  |

1. **What are your personal goals from attending the conference? (max 100 words)**

|  |
| --- |
|  |

1. **How do you plan to contribute to drowning prevention in your country or region after returning from the conference? (Max 100 Words)**

|  |
| --- |
|  |

1. **Have you attended a previous ILS WCDP? Please indicate which if any:**

20072011201320152017

1. **If you have attended previously, did you apply for and receive any scholarship funding via the WCDP organisers**

*Yes**No*

1. **Declaration**

|  |  |
| --- | --- |
| **By submitting this application, I recognise that my expenses for the conference may not be fully funded, and I may have to supplement the remaining expenses with my own funds. All the information I have provided in this application is true and accurate to the best of my knowledge** | |
| **Signature** |  |
| **Date** |  |

**When completed, please send this application form by e-mail to:** [**wcdp2019.info@ilsf.org**](mailto:wcdp2019.info@ilsf.org) **– include “WCDP2019 Scholarship Application” in the subject line.**

**Ensure that you send all supporting documentation in electronic format with your application before the deadline as partial applications will not be accepted.**

**For Official Use Only**

|  |  |
| --- | --- |
| **Application Checked** | *Yes**No* |
| **Number of Oral Presentations and Poster Displays for this applicant** | **\_\_\_ Oral \_\_\_ Poster** |
| **Applicant is from an LMIC** | *Yes**No* |
| **Application is for full funding** | *Yes**No* |
| **Application is for partial funding** | *Yes**No* |
| **Decision of the Scholarships Committee** | * Successful with funding awarded   *Yes**No*   * Added to a wait-list in case additional resources can be obtained   *Yes**No*   * Unsuccessful   *Yes**No* |
| **Funding amount approved** |  |
| **Funding Source making the award** |  |
| **Date of Decision** |  |
| **Date notified to applicant** |  |