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William L. Ivey Team Member Scholarship Application

Before completing this application, please read the 2026 Ivey Scholarship Details pdf which includes eligibility criteria and the requirement that a letter of recommendation be submitted by the June 19 deadline.

Please Type

Application Deadline: June 19, 2026

Prisma Health Team Member Information

Name:

Team Member ID:

Home/Cell Number (include area code):

Work Telephone Number (include area code):

Prisma Health Employment Date:

Current Job Title: Dept.:

Immediate Supervisor: Title:

Other positions head during Prisma Health employment:

Applicant Signature: Date:

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IHI Conference you want to attend:

	Conference	Dates	Location	Eligibility
☐	**IHI Forum 2026: Phoenix**	Dec. 6-9, 2026	Phoenix, AZ	$3,000
☐	**IHI/BMJ International Forum on Quality and Safety in Healthcare: Lisbon 2027**	April 20-22, 2027	Lisbon, Portugal	$5,000

☐ I acknowledge that any costs that exceed scholarship amount are the responsibility of award recipient. This includes travel, lodging, food expenses, etc.

Budget Plan:

Applicant Budget Plan: Indicate a plan for how funds will be used to support registration, transportation to and from venue, lodging and meals. Please note that team members are expected to follow guidelines in Prisma Health's Business Travel and Expense Policy.

Expected Expense	Name of Company/Facility	Category (e.g. Registration, airfare, local transportation, lodging, meals)	Dates of Use

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Question 1:

If awarded, what are your learning objectives at the conference to which you have applied and how will what you learn be used to improve the care we provide to all patients on a daily basis? (Please Type. Feel free to attach your answers.) **Limit: 300 words**

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Question 2:

How will this assist in your professional development and growth? (Please Type. Feel free to attach your answers.) **Limit: 300 words**

DISCLAIMER: If adequate funds are available, this scholarship will be awarded at the sole discretion of the William L.Ivey Scholarship Selection Committee. Receipt of the scholarship by a Team Member one-year does not guarantee receipt in future years.

Please submit your application to:

Paulette Sessions at Paulette.Sessions@PrismaHealth.org.