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| KNOW VAPE Professional Development Scholarship  Application Due Date: March 1st  Award Notification Date: March 27th | | | | |
| The purpose of the KNOW VAPE Professional Development Scholarship is to support up to eight teachers or school administrators, who work at schools located in Ada, Boise, Elmore, or Valley counties to obtain professional development credit through Idaho State University, Boise State University, or the University of Idaho by attending Idaho Public Television’s three-part professional development webinar on the negative social and health outcomes associated with vaping among youth. Attendees will learn how to help students avoid using electronic nicotine delivery systems (vaping) and will be equipped with resources they can use in their classroom and/or school. The webinars will be held from **5:30-7:30 PM MST** on **January 24th**, **February 28th**, and **March 27th** and will be recorded for anyone who is not able to attend the webinar live. For teachers looking to renew their certification, this webinar series would total 1 professional development credit out of the 6 credits required to obtain renewal.  This scholarship award is a total of $60 for each educator awarded. The teacher or school administrator will be required to submit proof of attendance to all three webinar sessions by submitting their completed post-webinar reflection that is provided by Idaho Public Television to kchauvin@cdh.idaho.gov. The scholarship will be awarded on a reimbursement basis. Proof of payment will be required with proof of attendance no later than April 10th, 2024. | | | | |
| Participants Name (First, Last) | | | Date of Application | |
| Occupation/Title | Email Address | | Participants Phone | |
| Company Name | | | | |
| Street Address | | City | | Zip code |
| Do you work with youth who use electronic nicotine delivery systems or other tobacco products?  No  Yes | | | | |
| Do you currently use electronic nicotine delivery systems or other tobacco products?  No  Yes | | | | |
| In 1-2 sentences, please describe why you are interested in attending the KNOW VAPE Professional Development webinar series? | | | | |
| In 1-2 sentences, please describe any challenges you are familiar with that surround youth vaping. | | | | |

I acknowledge that the information provided in this application is true and correct. I also understand that any willful dishonesty may render for refusal of this application.

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Applicant Signature Date

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| Please submit this form by scanning and emailing to: [Kchauvin@cdh.idaho.gov](mailto:Kchauvin@cdh.idaho.gov), or you can mail to:  Central District Health  Attn: Kati Chauvin  707 N Armstrong Pl  Boise, ID 83704 |