



New England Region of WOCN Society® Annual Scholarship Application

Application Submission **Deadline is October 1st 2021.**

Incomplete or illegible applications will be returned.

Unsuccessful applicants will be notified in writing via email after the review process.

Scholarship award recipients will be presented during our Region's Fall

Conference on October 22 & 23, 2021

Name: _____

Email address: _____

Address: _____

City/State/Zip: _____

Phone: Cell _____ - _____ - _____ Home _____ - _____ - _____

Work _____ - _____ - _____

WOCNEP Start Date: _____

Expected Completion Date: _____

OR

Advanced Degree Program Start Date: _____

Expected Completion Date: _____

Name and Location of Education Program: _____

Content Focus (check all that apply): Wound ____ Ostomy ____ Continenence ____ Foot Care ____

Member of New England Region of WOCN Society™ YES ____ NO ____

New England Region of WOCN Society™ Board or Committee position and duration held by applicant:

Please attach the following required documents with your application:

- A. Resume or CV
- B. Copy of Nursing License
- C. 2 Letters of Professional Reference
- D. Letter of WOCNEP Acceptance/Completion or Graduate Program Letter of Acceptance/Enrollment or completion as described in the criteria section
- E. Your 150 – 200 word essay describing your **past, current or future contributions** to the CWOCN Nursing Specialty Practice, the patients and families served.

Return completed application and necessary documents electronically to:

Membership Committee Chair

Karen Baggetta at karenbaggetta11@gmail.com

I hereby certify that information on the application and additional documents are true and accurate:

Signature: _____ Date: _____