

New England Region



of the
Wound,
Ostomy, and
Continence
Nurses
Society®



New England Region of WOCN Society® Annual Scholarship Application

Return (preferred via email) completed application and necessary documents to:

Membership Committee Chair

Priscilla Poirier priscillapoirier15@gmail.com

12 Thompson St

Pembroke, MA 02359

*Application Submission **Deadline is September 1st**.*

Incomplete or illegible applications will be returned.

*Scholarship awards **are announced** at the
New England Region WOCN Society's Fall Conference.*

**Awardees not present will receive their scholarship via mail after the conference.*

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 _____ Continence _____ 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 to your application:

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

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

Signature: _____ Date: _____