



New England Region of WOCN Society® Annual Scholarship Application

Return completed application and necessary documents electronically to:

Membership Committee Chair

Priscilla Poirier priscillapoirier15@gmail.com

*Application Submission **Deadline is September 1st 2019.***

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 _____ 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 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: _____