



## 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](mailto:priscillapoirier15@gmail.com)

*Application Submission **Deadline is October 1<sup>st</sup> 2020.***

*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 announced via our Region's Facebook Page  
& Website this year.***

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: \_\_\_\_\_