



New England Region of WOCN Society® Annual Scholarship Application

Applications must be received by October 1st yearly

Return the completed application, attachments and letters of recommendation to:
Karen Baggetta Membership Chair at karenbaggetta11@gmail.com

Awards will be presented at Region's Fall Conference in October

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: Work () _____ Home () _____

Email: _____

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 with your application:

- Resume or CV
- Copy of Nursing License
- 2 Letters of Professional Reference
- Letter of WOCNEP Acceptance/Completion or Graduate Program Letter of Acceptance/Enrollment or completion as described in the criteria section
- Your 150 – 200 word essay describing your past, current or future contributions to the CWOCN Nursing Specialty Practice.
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I hereby certify that the information on this application and additional documents are true and accurate.

Signature/Date _____

KB 2/7/22 Incomplete applications will not be reviewed