

WOCN
Nurse in Washington Internship (NIWI)
Scholarship Application

4. List present or planned involvement with WOCN at national or region/affiliate levels once successfully completing the NIWI program.

5. Provide specific reasons why you wish to attend NIWI and how you plan to utilize this knowledge.

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AGREEMENT FORMS

Consent for Name Release

The WOCN may use your name during the scholarship application process. This would include sharing your application with task force members for review. Please sign this consent form. All information will be kept confidential.

I, _____, hereby give permission for the release of my name and address to determine my scholarship eligibility during the review process and, in the event that I am awarded a scholarship, my name may appear in *WOCN News* and in press releases.

Signature

Date

Scholarship Agreement Form

I, _____, hereby agree to the policy established by the WOCN. In the event I am unable to attend the NIWI Program within one year of receipt of a scholarship, all monies heretofore accepted by me will be forfeited and returned to the WOCN Society, 15000 Commerce Parkway, Suite C, Mt. Laurel, NJ 08054

Signature

Date