



WOCN
Nurse in Washington Internship (NIWI)
Scholarship Application

All information will be kept confidential. LEAVE NO BLANKS. Incomplete applications will not be reviewed.

Return 4 completed copies of this application to: **WOCN Society National Office**
15000 Commerce Parkway
Suite C
Mt. Laurel, NJ 08054

ELIGIBILITY CRITERIA

1. Active member of WOCN
2. Completed application (4 copies).
3. One letter of reference from region/affiliate or national WOCN colleague addressing your leadership qualities.

Application must be received at the WOCN National Office by December 12, 2008.

NOTE: To ensure receipt of documents by the WOCN National Office, send your application via a traceable method such as mail return receipt requested, UPS or Federal Express. It is advisable that you keep a copy of your completed application packet.

APPLICANT INFORMATION

1.	Name/Title _____
2.	Address _____
	City/State/Zip _____
	Home Phone () _____
	Work Phone () _____
3.	Primary Email address _____
4.	I am a member of _____ (name of WOCN Region or Affiliate).
5.	Employment Address _____
6.	List current involvement in leadership activities regarding professional or community organizations or political activism.



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7. List past or present involvement with WOCN at national or region/affiliate levels.

8. Provide specific reasons why you wish to attend NIWI.



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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