



WOCN Advanced Education Program Scholarship Application

PREFACE

Because of the awareness of the growing need for WOC nurses throughout the world and a strong belief in the continued growth and success of WOC nursing, the WOCN awards educational scholarships. The partial scholarships are made possible through contributions from wound, ostomy and continence product manufacturers, private and public donations, endowments and regions and affiliates which comprise the WOCN.

Scholarships are awarded to deserving individuals committed to working within the wound, ostomy and continence nursing specialty. Applicants agree to support the WOCN philosophy and scope of practice.

The WOCN Philosophy

The WOCN believes that nursing as a profession enhances health care services to a multifaceted society and includes prevention, health maintenance, therapeutic intervention and rehabilitation. WOC Nursing, wound, ostomy and continence care, are areas of specialty practice within the framework of nursing that strive to advance the health care and quality of life of all affected individuals.

The WOCN believes that continuing education and research provide the basis for current, comprehensive nursing practice for patients with wounds, ostomies and incontinence. Learning may occur on a basic, advanced or continuing educational level and combines the acquisition of theoretical knowledge and clinical expertise. The WOCN provides and approves quality continuing education for its members and for other health care professionals in order to enhance and improve WOC Nursing, wound, ostomy and incontinence nursing practice.

By the process of accreditation, the WOCN promotes high standards of education and requires a baccalaureate degree with a nursing major or an equivalent as the entry level for WOC Nursing Education Programs and for Specialty Education Programs in wound, ostomy or continence management.

Statement of Nondiscrimination Policy

The WOCN does not discriminate among applicants on the basis of age, gender, race, religion, national origin, disability, sexual orientation or marital status.



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ELIGIBILITY CRITERIA

1. Seeking a Baccalaureate, Master's or Doctoral Degree or NP Certificate
2. Proof of current, unrestricted RN license
3. Active member of WOCN
4. Proof of WOCNCB certification
5. Proof of current or previous employment as a wound, ostomy and/or continence nurse during the last 3 years
6. Proof of current enrollment or acceptance into an NLN accredited nursing program or other accredited college/university program for non-nursing degree.

CHECK LIST

This check list of **mandatory** components is provided for your convenience.

- completed, legible application (incomplete or illegible applications will not be considered)
- three letters of recommendation
- signed consent forms
- proof of current enrollment or acceptance into an NLN accredited nursing program or other accredited college/university program for non-nursing degree (letter from the Dean will suffice)
- proof of current or previous employment as a wound, ostomy and/or continence nurse during the last 3 years
- proof of current, unrestricted RN license
- copy of WOCN member card
- copy of WOCNCB certification certificate

Application must be received at the WOCN National Office by November 1st or May 1st. The WOCN Scholarship Committee will review completed, legible applications. A written response can be expected within 8 weeks of the deadline for submission.

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.



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APPLICATION FORM

Return 4 completed copies of this application to:

WOCN National Office
15000 Commerce Parkway, Suite C
Mt. Laurel, NJ 08054

All information will be kept confidential.

Leave No Blanks

Please remember that incomplete or illegible applications will not be reviewed.

Applicant Information

1. Name: _____
Address: _____
City/State/Zip _____
Phone: Home () _____ Work () _____
2. Social Security Number: _____

WOC Education Program Information

3. WOC Education Program from which you graduated:

WOC Education Program

Date of Graduation
4. Content of WOC Education Program from which you graduated :
Content: (Check all that apply) <input type="checkbox"/> Wound <input type="checkbox"/> Ostomy <input type="checkbox"/> Continence



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A. Financial Information

5. What is your total annual net household income (take-home pay)? \$ _____
6. What is your contribution to the household income? \$ _____
7. How many dependents did you claim on most recent Federal Tax Form 1040? _____
8. Will you lose income while completing the advanced education?
 Yes No Amount \$ _____
9. A. Have you been awarded any other scholarships/grants, etc.?
 Yes No Amount \$ _____

If yes, please specify source of scholarships/grants.

- B. Are you eligible for any tuition reimbursement?
 Yes No Amount \$ _____

10. How are you planning to pay for your advanced education?



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11. What are your educational program costs and reimbursements?

Costs		Reimbursement	
Airfare	\$ _____	Airfare	\$ _____
Mileage*	\$ _____	Mileage*	\$ _____
Tuition	\$ _____	Tuition	\$ _____
Books	\$ _____	Books	\$ _____
Room/Lodging	\$ _____	Room/Lodging	\$ _____
Meals **	\$ _____	Meals **	\$ _____
Proctor/Preceptor	\$ _____	Proctor/Preceptor	\$ _____
Copying/Postage	\$ _____	Copying/Postage	\$ _____
Parking	\$ _____	Parking	\$ _____
Total	\$ _____	Total	\$ _____

* calculate using current federal mileage rate

** while living away from home - not to exceed \$20/day



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B. Nursing Practice Demographic Information

14. What is your current position? _____

a. Do you have 2 years of WOC nursing experience within the last 5 years?

Yes No

b. What percentage of your time is spent in WOC nursing activities: _____ %

Explain: _____

15. a. What is your practice setting? (check all that apply)

Acute Care

Home Care

Outpatient/Clinic

Long Term Care

Industry

Other _____

b. After graduation will your primary care responsibilities be within the scope of WOC nursing?

Yes No

Explain: _____



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C. Professional Work Credentials/Experience

16. Employment history (begin with most recent)

Employer: _____
Name City/State Dates

Position Description: _____

Employer: _____
Name City/State Dates

Position Description: _____

Employer: _____
Name City/State Dates

Position Description: _____

17. Educational Background

Institution City/State Date Graduated Degree

Institution City/State Date Graduated Degree

Institution City/State Date Graduated Degree



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18. List the professional/community organizations to which you belong.
(include offices held and committee participation)

19. List the professional journals to which you subscribe or read regularly.

20. List your professional awards or honors.



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21. List continuing education you have taken related to WOC nursing before beginning your program.

22. Identify personal strengths that will contribute to your success.

23. Provide specific reasons for seeking advanced education.



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24. Write a brief statement of your long-term career goals.

25. I hereby certify that this is a true and accurate representation of data and my activities and accomplishments.

Signature

Date



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AGREEMENT FORMS

Consent for Name Release

The WOCN may use your name during the scholarship application process. Examples of this may include contacting the Dean of Admissions; sharing your application with other Scholarship Committee members for review; and checking references to determine your eligibility. 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 the *Journal* of WOCN, and press releases.

Signature

Date

Scholarship Agreement Form

I, _____, hereby agree to the policy established by the WOCN Scholarship Committee. In the event I am unable to attend my planned educational program within one year of receipt of a scholarship, all monies heretofore accepted by me will be forfeited and returned to the WOCN Foundation, 15000 Commerce, Suite C, Mt. Laurel, NJ 08054.

Signature

Date