

Pacific Coast Chapter of the WOCN® Society Gene Galindo Memorial Fund – Attachment A

Fund Application

All information will be kept confidential, LEAVE NO BLANKS. Incomplete applications will not be reviewed. Return the completed application to:

Jeannene Heinrich
pcc.presidentelect@gmail.com
909-969-0387

Eligibility Criteria

1. Active WOCN member with ostomy certification.
2. Demonstrate involvement with persons that have an ostomy(ies).
3. Demonstrate the ability to effectively communicate verbally and in written format which will be evaluated by the PCC Vice President, Scholarship Chair, and committee members.

Applicant Information

1. Name: _____
2. Address: _____
3. City, State and Zip Code: _____
4. Home phone: _____ Work Phone: _____
5. Email: _____
6. WOCN Member #: _____
7. Date of most recent Ostomy certification: _____
8. How would award monies be utilized? _____
9. Attach a copy of educator or project developer CV
10. Attach a copy of the education plan/outline of the program/project plan to include:
 - Target Audience
 - Objectives
 - Methodology
 - Evaluation
11. Complete and attach Release and Agreement Form-Attachment B

NOTE: It is advisable that you keep a copy of your completed application packet. Email submission is preferred. The application should be emailed no later than midnight March 31st of each calendar year. (May 13, 2012)