New England Chapter of the WOCN® Society
Annual Educational Scholarship Application

Applications must be received by September 1st

Return the completed application, attachments, and letters of recommendation to:
Caitlin Collins, Membership Chair at newenglandwocnmembership@gmail.com
*Incomplete applications will not be reviewed.

Scholarship funding has been generously provided by the Guild family, in loving memory of Michelle Guild, to emphasize the importance of ostomy care through supporting the future of ostomy education and the development of wound and ostomy nurse specialists.
Four $1,000 scholarships will be awarded.

Awards will be presented at the Chapter's Fall Conference in October

Name:_____

Mailing Address:_____

City/State/Zip:_____

Phone: Home/Cell _____Work _____

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 & Nail Care_____

Member of New England Chapter of the WOCN Society YES_____ NO _____

New England Chapter of the 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.

I hereby certify that the information on this application and additional documents are true and accurate.

Signature:_____ Date:_____