

# IOWA AFFILIATE WOCN NURSING EDUCATION SCHOLARSHIP APPLICATION

## Preface

The purpose of the Iowa Affiliate WOCN Scholarship is to support individuals committed to working with patients with wounds, ostomies, and/or incontinence. The Iowa Affiliate Scholarship is based solely on financial need.

## Statement of Nondiscrimination

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

## Eligibility Criteria

1. Applicant must be a US citizen.
2. Applicant must be a member of the WOCN and have designated the Iowa Affiliate as the Regional/Affiliate choice.
3. Proof of one of the following to be included with your application:
  - Acceptance into a WOCN Accredited WOC Education Program.
  - Current enrollment in a WOCN Accredited WOC Education Program.
  - Certificate of completion from a WOCN Accredited WOC Education Program within three months of scholarship application.
4. Scholarship will be awarded to the chosen applicant upon successful completion of the WOC Education Program.

## Guidelines for Iowa Affiliate WOCN Scholarship Committee

1. The Iowa Affiliate WOCN Scholarship will be awarded only to those applicants applying to WOCN accredited Education Programs.
2. Scholarships up to \$600 each will be awarded twice per year in April and September. A total of \$1200 in Scholarship monies may be dispersed per year.
3. The recipient of the Iowa Affiliate WOCN Scholarship will be awarded \$200, \$400, or \$600 dependent upon the number of specialty tracts obtained. For all three tracts (full scope WOCN) \$600 will be awarded. For any two tracts \$400 will be awarded. For any single tract \$200 will be awarded.
4. Applications will be accepted throughout the year with deadlines of March 1<sup>st</sup> and August 1<sup>st</sup>. The Scholarship Committee will announce the recipient(s) of the Scholarship at the Iowa Affiliate WOCN meeting succeeding the application deadline (April or September). It is strongly encouraged that the scholarship recipient be present to be recognized at this meeting.
5. Submit all applications to the chairperson of the Iowa Affiliate Scholarship Committee.

**This document cannot be saved. It may be filled out online and printed only.**

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

Home Telephone:

Work Telephone:

Home e-mail address:

Work e-mail address:

WOCN Nursing Education Program:

Start Date:

Number and Type of Specialty Track(s):

Do you meet the above Eligibility Requirements?  gu"\*\*\*\*\*P q"

How are you planning to pay for your WOC education?

Will you lose income while completing the WOCN Education Program?  gu"\*\*\*\*\*P q"

Have you been awarded any other scholarships (List Type & Amount)?

List other sources of financial support (Type & Amount):

***What are your Nursing Education 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	
Total		Total	

\* calculate using current federal mileage rate

\*\* While away

PROVIDE SPECIFIC REASONS FOR WANTING TO PARTICIPATE IN THIS TRAINING ( i.e.: how would it benefit you, benefit the IOWA WOCN, benefit your clients, benefit your organization, etc.)

PLEASE EXPLAIN HOW THIS FINANCIAL AWARD WOULD BENEFIT YOU.

Please include a letter of recommendation from an employer or peer along with your application  
Please request that the recommendation letter address the following criteria.

- Professionalism
- Commitment
- Communication skills
- Problem solving skills
- Leadership ability
- Critical thinking ability

Please return to the Chairman of the Scholarship Committee, See Committee list and Membership Directory for contact information.