

**NORMA N. GILL FOUNDATION
EDUCATIONAL MATERIALS SCHOLARSHIP APPLICATION**

Information for Applicants - Please read before completing the form

- The maximum amount which may be awarded is US\$ 1000.
- Preference will be given to applications or applicants from/for developing countries.
- Educational materials are items such as texts, journal subscriptions, models, audiovisual aids or any educational tool that can facilitate the learning process
- Please allow at least two (2) months for the scholarship application to be processed.
- The educational materials scholarship is for use
 - in a WCET recognised ETNEP/REP or
 - in a an ETNEP/REP that is undergoing the WCET ETNEP/REP review or
 - for an educational activity that reflects the mission, vision and values of the WCET and for which a request for use of the WCET logo for this activity has been approved

To be eligible for an educational materials scholarship, you must:

1. Provide evidence that the educational activity for which the scholarship will be used is
 - a. WCET recognised ETNEP/REP or
 - b. an ETNEP/REP that is undergoing the WCET ETNEP/REP review or
 - c. an activity approved by the WCET to use the WCET logo
2. Be a financial member of the WCET
3. Use the scholarship funds to purchase educational materials which are specific to Enterostomal therapy nursing
4. Complete the attached Scholarship Agreement form.

When completing the application form, **please type or print clearly.**

Please submit all by **email** to: admin@wctn.org and nngf@wctn.org

If no internet access, please post completed form to the address below via PRIORITY or REGISTERED MAIL:

WCET
c/o Jennifer Bank
WCET Director of Administration
1025 Thomas Jefferson Street NW
Suite 500 East
Washington, DC 20007
USA

****IMPORTANT****

THIS APPLICATION WILL NOT BE PROCESSED UNLESS IT IS ACCOMPANIED BY:

- Details of each educational material requested such as quoted prices for texts, journals models etc
- Completed Scholarship Agreement form
- Evidence of your participation and involvement in the ET nursing educational activities for which this scholarship is to be used.

****NOTE: All documentation should be in English.**

APPLICATION FORM

APPLICANT INFORMATION

1. First name:
2. Second name (Family Name):
3. Title: Mr. Mrs. Ms. Miss Dr.
4. Email address (this will be WCET/NNGF main communication address):
5. Full postal address (this will be where other items such as texts/journals will be sent):
6. Telephone (including country and area code):
7. Other Telephone (if available):
8. Fax (if you have one):

PROFESSIONAL DETAILS

9. Place of work/employment:
10. Occupation/position at work/employment (e.g. nurse, ET Nurse, doctor):
11. Name and full address of employer:
12. Name of ETNEP/REP or ET activity for which the scholarship is being used:

ELIGIBILITY DETAILS

13. Have you ever received a NNGF Scholarship before: Yes No

14. If yes, was it a:

- | | |
|--|-------------------|
| <input type="checkbox"/> Membership Scholarship | Year(s) received: |
| <input type="checkbox"/> General Scholarship | Year(s) received: |
| <input type="checkbox"/> Congress Travel Scholarship | Year(s) received: |
| <input type="checkbox"/> Educational Materials Scholarship | Year(s) received: |
| <input type="checkbox"/> ETNEP/REP Scholarship | Year(s) received: |

15. If no, from whom did you receive information about the NNGF Scholarship:

- | | |
|--|----------|
| <input type="checkbox"/> Commercial Source | Name: |
| | Country: |
| <input type="checkbox"/> ET Nurse | Name: |
| | Country: |
| <input type="checkbox"/> ETNEP Director | Name: |
| | Country: |

WCET Journal

WCET WEBSITE

- | | |
|--------------------------------|---------------|
| <input type="checkbox"/> Other | Name: |
| | Full address: |

16. Describe your current and/or past involvement with WCET:

DETAIL OF EXPENSES

Total Expenses (please list items in left column)	Amount (Currency GBPE or USD\$)
Audio-visual materials: <i>For example: overhead projector, anatomical model, flip chart, computer programme, digital camera, etc.</i>	
Texts:	
Posters:	
Journal Subscription(s):	
Other (specify):	
Total Amount Requested:	

ETNEP/REP SCHOLARSHIP AGREEMENT FORM

I, Print Full Name, hereby agree to the following conditions if I am awarded an Educational Materials Scholarship:

- a. In the event that I am unable to obtain the educational materials after receiving the NNGF Educational Materials Scholarship Award, all money awarded to me will be returned to the Norma N. Gill Foundation.
- b. I shall submit a written report to the NNGF chairperson within three (3) months of receiving the scholarship award. This report may be printed in the WCET journal or BULLETIN.
- c. I shall send copies of all receipts/ for the material(s) acquired to the NNGF chairperson within three (3) months of receiving the Educational Materials Scholarship Award.

Signature:

Date:

A large, light blue watermark of the WCET logo is centered on the page. It features a stylized globe with a vertical line through the center and a horizontal line around the middle. The letters "WCET" are prominently displayed in the center of the globe.

WCET

PAYMENT AUTHORIZATION DETAILS

The Scholarship award should be made payable to:

Bank Transfer Details

Name:

Bank:

Branch:

Address:

Sort Code:

Account Number:

Account Name: