

NORMA N. GILL FOUNDATION GENERAL SCHOLARSHIP APPLICATION

Information for Applicants - Please read before completing the form

- This application will be subjected to review by the WCET NNGF Committee.
- You will be notified within 4 weeks of receipt of the completed application form and accompanying documentation.
- The maximum amount which may be awarded is \$ 5000 US.
- Please consider applying for funding from additional sources other than NNGF .

Essential Eligibility Criteria

- Be a WCET member for minimum past 2 consecutive years
- Be an ET nurse with at least two years postgraduate experience in an ET position since completing a WCET-recognized ETNEP/REP
- Provide evidence that the educational activity for which the scholarship will be used is a
 - WCET recognised ETNEP/REP or
 - an ETNEP/REP that is undergoing the WCET ETNEP/REP review or
 - an activity approved by the WCET to use the WCET logo
- Consent to submit a report to the NNGF Chairperson for possible publication in the WCET Journal/Bulletin on completion of the educational project

This completed application form should be accompanied with:

- Evidence of WCET recognition of the ETNEP/REP or project
- Evidence of your ET qualification
- Documentation confirming your involvement in the project
- Documentation of any evidence of applying for financial assistance from other sources
- Completed/signed NNGF Scholarship Agreement form
- Documentation of estimated travel and accommodation and other costs related to your participation in this project

Please submit all by **email** to: admin@wceton.org and nngf@wceton.org
or via priority or registered mail to:

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

APPLICATION FORM

Applicant Information

1. Full Name:
2. Title: Mr. Mrs. Ms. Miss Dr.
3. Date of Birth:
4. Email Address (for WCET/NNGF correspondence):
5. Telephone (including country and area code):
6. Fax (if you have one):
7. Full Postal Address:
8. Employment:
 - a. Employer Name:
 - b. Employer Address:
 - c. Employer Email:
9. Qualification(s):

Name of Degree/Diploma/Certificate	Name of Institution	Year Completed

Project Details

(WCET recognised ETNEP/REP or an ETNEP/REP that is undergoing the WCET ETNEP/REP review or an activity approved by the WCET to use the WCET logo called **PROJECT** from now on)

10. Name of project:
11. Name of institution coordinating/administering the project:
12. Name and title of project Director/Administrator:
13. Project Director email address:
14. Postal address for project:
15. Telephone (including country and area code):
16. Fax(including country and area code)
17. Describe the project: Consider using the following headings and/ or submit the curriculum /information document already written for this project
 - a. Background to project
 - b. Aims and objectives

- c. How will it stimulate the growth and development of ET nursing in this country
- d. How are current ET nurses in the country involved in the project
- e. How will the success of the project be measured

18. Details of expenses:

Total Expenses	Amount in local currency	Amount in US Dollars
Travel (economy class round trip)		
Travel Insurance?		
Air		
Rail:		
Auto/Bus		
Passport/Visa Fees:		
Accommodation:		
Other expenses (specify):		
Total Expenses:		
Other Financial Assistance Obtained: (refer to question #19)		
Total Amount Requested from NNGF Scholarship:		

19. Detail other source(s) of funding you have acquired or applied for:

Source	Details	Amount (Indicate currency US, GBP, etc.)
Employer		
Hospital/University		
Cancer Society		
ET Nursing Association (local or national)		
Ostomy Association		
Charity Organisation (e.g. Lions, Rotary, etc.)		
Industry (specify)		
Other (specify)		

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

21. 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: |

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

GENERAL SCHOLARSHIP AGREEMENT FORM

I, Print Full Name....., hereby agree to the following conditions if I am awarded a General Scholarship:

- I agree that in the event I am awarded a General Scholarship but am unable to participate in the educational project after receiving the NNGF General Scholarship award, all money awarded to me will be returned to the Norma N. Gill Foundation.
- I shall submit a written report to the NNGF chairperson within two months of participating in the educational project for possible publication in the WCET Journal/Bulletin.
- I agree to the NNGF paying all or part of the award directly to the project director and/or to other service providers such as airline and accommodation

Signature: _____ Date: _____