NORMA N. GILL FOUNDATION
MEMBERSHIP 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.

Essential Eligibility Criteria

Registered health professionals who have
- an interest in enterostomal therapy nursing and
- who are unable to pay the membership fee without experiencing financial disadvantage and
- who will use the scholarship to advance ET nursing in their country

This completed application form should be accompanied with:

- Certified copy of your nursing/health professional qualification
- Certified copy of your ETNEP/REP certificate if you have one
- Documentation from your employer that they support this application
- Completed/signed NNGF Scholarship Agreement (at end of this application)
- A personal/professional profile of not more than 500 words detailing your interest in Enterostomal Therapy Nursing and how you see yourself advancing this nursing specialty

Please submit all by email to: admin@wcetn.org and nngf@wcetn.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:
   (This is the address your WCET journal will be posted to)

8. Employment:
   a. Employer Name:
   b. Employer Address:
   c. Employer Email:

9. Qualification(s) including ETNEP/REP qualification if you have one:

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<th>Name of Degree/Diploma/Certificate</th>
<th>Name of Institution</th>
<th>Year Completed</th>
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10. Have you been a member of the WCET before? Yes  No

11. If yes which year(s)

12. Have you ever received a NNGF scholarship before?
   Type                          Year
   a) Membership Scholarship
   b) Education Scholarship
   c) Congress Travel Scholarship
MEMBERSHIP SCHOLARSHIP AGREEMENT FORM

I, Print Full Name, hereby agree that I have

- an interest in enterostomal therapy nursing and
- I am unable to pay the membership fee without experiencing financial disadvantage and
- I will use the scholarship to advance ET nursing in my country

Signature:

Date: