



**NORMA N. GILL FOUNDATION®
MARYLYN McMANUS SCHOLARSHIP APPLICATION**

Information for Applicants - Please read before completing the form

- This application will be subjected to review by the WCET® NNGF® Committee and approval by the WCET® Executive Board.
- This scholarship is open to any of the NNGF® scholarships. For ETNEP/REP scholarship, the application which is submitted less than 8 weeks prior to the start of the program will not be processed. Incomplete applications will not be considered.
- You will be notified within 4 - 8 weeks of receipt of the completed application form and accompanying documentation of a decision.
- WCET® reserves the right to award full or partial amount of scholarship award being sought.
- The scholarship maximum amount which may be awarded is £4000.
- There are limited funds and we have to share the opportunity fairly, therefore not all scholarship applications will be successful. Please consider applying for funding from additional sources other than NNGF®

I am Applying for a: (Check Only One Box)

- Educational Materials Scholarship
- General Scholarship
- Membership Scholarship for full year(s)
- Congress Travel Scholarship for the Next WCET® Biennial Congress
- ETNEP/REP Scholarship

Please ensure that you provide all the required information listed within this application

Essential Eligible Criteria & Document requirements

- Educational Materials Scholarship

Essential Eligible Criteria	Document Requirements
<ul style="list-style-type: none"> ▪ African Citizenship ▪ Provide evidence that the educational activity for which the scholarship will be used is WCET® recognized 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 ▪ Be a financial member of the WCET® 	<ul style="list-style-type: none"> ▪ Copy of passport ▪ Details of each educational material requested such as quoted prices for texts, journals models etc ▪ Completed scholarship application and agreement form (page 5 to 7) ▪ Evidence of your participation and involvement in the ET nursing educational activities for which this scholarship is to be used



<ul style="list-style-type: none"> ▪ Use the scholarship funds to purchase educational materials which are specific to Enterostomal therapy nursing 	
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○ General Scholarship

Essential Eligible Criteria	Document Requirements
<ul style="list-style-type: none"> ▪ African Citizenship ▪ 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® recognized 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 	<ul style="list-style-type: none"> ▪ Copy of passport ▪ 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 (page 5, 8 and 9) ▪ Documentation of estimated travel and accommodation and other cost related to your participation in the project

○ Membership Scholarship

Essential Eligible Criteria	Document Requirements
<ul style="list-style-type: none"> ▪ African Citizenship ▪ Registered health professional who have an interest in enterostomal therapy nursing, unable to pay membership fee and will use the scholarship to advance ET nursing in their country 	<ul style="list-style-type: none"> ▪ Copy of passport ▪ Certified copy of your nursing/ health professional qualification ▪ Certified copy of your ETNEP/ REP Certificate if you have on ▪ Documentation from your employer that they support this application ▪ Completed/ signed NNGF® Scholarship application and Agreement Form (page 5 and 10) ▪ A personal/ professional profile of not more



	<p>than 500 words detailing your interest in Enterostomal Therapy Nursing and how you see yourself advancing this nursing specialty</p>
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○ Congress Travel Scholarship (CTS)

Essential Eligible Criteria	Document Requirements
<ul style="list-style-type: none"> ▪ African Citizenship ▪ Member of WCET® for 2 years prior to this application ▪ Applicants must have completed a WCET® recognized education program (ETNEP/ REP) or have another qualification in stoma wound and continence nursing or having responsibility for ET nursing within your hospital/community or have a specific interest in developing ET nursing within your country ▪ Not received this funding in the past six years 	<ul style="list-style-type: none"> ▪ Copy of passport ▪ Certified copy of your nursing qualification ▪ Documentation confirming that you have: <ul style="list-style-type: none"> a. Have completed WCET® recognized ETNEP or REP or b. Have another qualification in stoma wound and continence nursing or c. Having responsibility for ET nursing within your hospital/community or d. Have a specific interest in developing ET nursing within your country ▪ Documentation from your employer that they support your CTS application ▪ Documentation of any evidence of applying for financial assistance from other source ▪ Completed/ signed NNGF® scholarship application and agreement form (page 5 and 11) ▪ A personal/ professional profile not exceeding word detailing how this CTS will benefit yourself, your organization and your community. Include in your profile your current and or past involvement in WCET® or local ET professional organization in your city or country if applicable. ▪ Documentation for estimated travel cost ▪ Evidence of abstract documentation (if applicable)



○ ETNEP/ REP Scholarship

Essential Eligible Criteria	Document Requirements
<ul style="list-style-type: none"> ▪ African Citizenship ▪ Registered Nurse with minimum 2 years post graduate clinical experience ▪ Member of the WCET® If not currently a member please apply for membership scholarships using this form 	<ul style="list-style-type: none"> ▪ Copy of passport ▪ Certified copy of your nursing qualification ▪ Documentation confirming acceptance into ETNEP/ REP ▪ Documentation from your employer that they support your participation in the ETNEP/ REP ▪ Documentation of any evidence of applying for financial assistance from other sources ▪ Completed/ signed NNGF® scholarship application and Agreement Form (page 5, 12 and 13) ▪ A Personal/ professional profile not exceeding 500 words detailing why you want to do this ETNEP/ REP and how this will benefit yourself, your organization and your community ▪ Documentation of estimated travel , accommodation costs in addition to tuition costs

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

WCET®
c/o Jennifer Wood, WCET® Director of Administration
1000 Potomac Street NW
Suite 108
Washington, DC 20007
USA



APPLICATION FORM

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. Occupation / position at work e.g. nurse/ ET nurse/ Doctor
10. Qualification(s):

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



EDUCATIONAL MATERIALS SCHOLARSHIP
(Skip this form if you apply for other scholarship)

11. Name of ETNEP/ REP or ET activity which scholarship to be used:

12. Detail of expense:

Total Expenses (please list items in left column)	Amount (Currency GBP£)
Audio-visual materials: <i>For example: overhead projector, anatomical model, flip chart, computer programme, digital camera, etc.</i>	
Books	
Posters	
Journal subscription	
Others (please specify)	
Total Amount Requested	

13. Payment Authorization Details

The Scholarship award should be made payable to:

Bank Transfer Details

Name:

Bank:

Branch:

Address:

Sort Code:

Account Number:



Account Name:

14. Educational Materials Scholarship Agreement

EDUCATIONAL MATERIALS 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: _____



GENERAL SCHOLARSHIP

(Skip this form if you apply for other scholarship)

15. Name of project:
16. Name of institution coordinating/administering the project:
17. Name and title of project Director/Administrator:
18. Project Director email address:
19. Postal address for project:
20. Telephone (including country and area code):
21. Fax(including country and area code)
22. 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?

23. Details of expenses

Total Expenses		Amount in local Currency	Amount in GBP £
Travel (economy class round trip)	Air		
	Rail		
	Bus		
	Other		
Travel Insurance			
Passport/ Visa Fees			
Accommodation			
Other expenses (please specify)			
Total Expenses			
Other financial assistance obtained (Type the other sources of funding you have applied e.g. hospitals/ national ET organization/ Cancer society etc)			
Total Expenses requested from NNGF®			



24. General Scholarship Agreement

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 3 (three) 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: _____



MEMBERSHIP SCHOLARSHIP

(Skip this form if you apply for other scholarship)

25. Have you been a member of the WCET® before? Yes No

26. If yes which year(s)

27. Have you ever received a NNGF® scholarship before?

Type	Year
a) Membership Scholarship	_____
b) Education Scholarship	_____
c) Congress Travel Scholarship	_____
d) General scholarship	_____
e) ETNEP/ REP Scholarship	_____

28. Membership Scholarship Agreement

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: _____



CONGRESS TRAVEL SCHOLARSHIP
 (Skip this form if you apply for other scholarship)

30. Detail of expenses

Total Expenses		Amount in local Currency	Amount in GBP £
Travel (economy class round trip)	Air		
	Rail		
	Bus		
	Other		
Travel Insurance			
Passport/ Visa Fees			
Accommodation			
Other expenses (please specify)			
Total Expenses			
Other financial assistance obtained <i>(Type the other sources of funding you have applied e.g. hospitals/ national ET organization/ Cancer society etc)</i>			
Total Expenses requested from NNGF®			

31. Congress Travel Scholarship Agreement

CONGRESS TRAVEL SCHOLARSHIP AGREEMENT

- I,, hereby agree to the following conditions if I am awarded a CONGRESS TRAVEL SCHOLARSHIP
- a. I affirm that I meet NNGF® Congress Travel Scholarship criteria and that I have not received such funding within the past six years
 - b. In the event I am unable to attend the congress after receiving NNGF® Congress Travel Scholarship Award, all monies awarded to me will be returned to Norma N. Gill Foundation®.
 - c. I am aware that NNGF® will pay the congress registration fees and the accommodation fees direct to the congress organizer/ hotel
 - d. The CTS award with my name and country will be acknowledged in WCET® Bulletin, and/ or Journal and other WCET® promotional material.

Signature: _____ Date: _____



ETNEP/ REP SCHOLARSHIP

(Skip this form if you apply for other scholarship)

- 32. Country of ET Nursing Program (ETNEP/REP):
- 33. Name of ETNEP/REP:
- 34. Name of institution coordinating/administering the ETNEP/REP:
- 35. Name and title of ETNEP/REP Director/Administrator:
- 36. ETNEP/REP Director email address:
- 37. Postal address of ETNEP/REP:
- 38. ETNEP/REP Telephone (including country and area code):
- 39. ETNEP/REP Fax(including country and area code)
- 40. Theoretical tuition costs:
 - a. In local currency:
 - b. In GBP:
- 41. Clinical tuition costs:
 - a. In local currency:
 - b. In GBP:
- 42. Total costs of ETNEP/REP:
 - a. In local currency:
 - b. In GBP:
- 43. Qualification to be granted upon completion of program:
- 44. Detail of expenses

Total Expenses	Amount in local currency	Amount in GBP
Travel (economy class round trip)		
Air		
Rail:		
Road:		
Passport/Visa Fees:		
ETNEP/REP Tuition:		
Other expenses (specify):		
Total Expenses:		
Other Financial Assistance Obtained:		



Total Amount Requested from NNGF®		

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

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

46. ETNEP/ REP Scholarship Agreement

ETNEP/REP SCHOLARSHIP AGREEMENT FORM

I, Print Full Name, hereby agree to the following conditions if I am awarded an ETNEP/REP Scholarship:

- a. In the event that I am unable to attend the ETNEP/REP after receiving the NNGF® ETNEP/REP Award, all money awarded to me will be returned to the Norma N. Gill Foundation®.
- b. I shall submit to the NNGF® chairperson, within three (3) months of completing or participating in the ETNEP/REP, a clinical paper. The clinical paper may be the paper written as part of the ETNEP/REP.
- c. I agree to my clinical paper being submitted for possible publication in the WCET® Journal or Bulletin
- d. I shall submit to the NNGF® chairperson, one year after completion of the ETNEP/REP, a written report not exceeding 500 words, explaining how I have made use of my ET nursing training.
- e. I agree to the NNGF® paying all or part of the award directly to the ETNEP/REP director and to other service providers such as airline and accommodation
- f. I intend to work in my country after completion of the ETNEP/REP.

Signature: _____ Date: _____