

**(Reg. Charity 1057749)**

**NORMA N. GILL  
FOUNDATION**

**EDUCATIONAL  
MATERIALS  
SCHOLARSHIP**

**Application Form**

**Revised November 2005(2)**

## **EDUCATIONAL MATERIALS SCHOLARSHIP**

**Information for Applicants - Please read before completing the form.**

**The maximum amount which may be awarded is US\$ 1000.**

**Preference will be given to applicants from developing countries.**

**Please allow at least three (3) months for your scholarship application to be processed.**

Selection of candidates for the scholarship is non-discriminatory.

*A committee member of the Norma N Gill Foundation may apply for a scholarship. Any committee member who applies for a scholarship will stand down from the committee that considers his/her application. In other circumstances, where a committee member has a conflict of interest, he or she will stand down from the committee determining that particular scholarship application. If, in the opinion of other committee members there is a potential conflict of interest if a member sits on the committee determining a scholarship application, the committee member will stand down for that application only.*

***Educational materials are tools such as books, models or audio-visual aids that enable educational communication to be more effective. They facilitate the learning process.***

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

1. Be an ET nurse and have been a full member of the WCET for at least two years.
2. Be employed as an ET nurse and be active in education in your institution.
3. Submit certified true copies verifying your professional status (e.g. graduation certificate, professional license, employment letter from the hospital).
4. Obtain an official letter from your nursing director acknowledging your participation and involvement in ET nursing educational activities within your institution.

5. Buy educational materials which are specific to ET nursing.
6. Complete the attached Scholarship Agreement form.
7. Try to obtain other financial assistance, as the amount of the NNGF Scholarship may not be enough to cover all your expenses. *Your application will be considered more favourably if you have made the effort to seek financial assistance elsewhere.* The written replies to your requests must be sent with your application.
8. Obtain written details from the supplier(s) of the materials which you wish to buy (for example, book title and price, etc.) and send them with your application form (see question 20). *No payment will be made until these documents have been received.*

When completing the application form, please type or print clearly. Return your completed application form with the documents listed to:

World Council of Enterostomal Therapists Central Office

c/o Nicole Stifnagle, Director of Operations

15000 Commerce Parkway  
Suite C  
Mount Laurel, NJ 08054  
USA

**YOU MAY SEND BY PRIORITY OR REGISTERED MAIL**

Telephone: 856-437-0386  
Fax: 856-439-0525  
e-mail: [wcet@ahint.com](mailto:wcet@ahint.com)

**IMPORTANT**

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

- Certified true copies of your professional status**
- Documents giving details of each educational material requested (an official quote from the supplier of each article is required)**
- Letters showing the results of your other applications for financial assistance**
- Completed Scholarship Agreement form**
- Official letter from your nursing director acknowledging your participation and involvement in ET nursing educational activities within your institution.**

**\*\*NOTE: All documents must be sent in English.**

## EDUCATIONAL MATERIALS SCHOLARSHIP APPLICATION FORM

**(Please type or print clearly)**

1. Date : \_\_\_\_\_

2.  Miss,  Mrs.,  Ms,  Mr.

Last name : \_\_\_\_\_ First name : \_\_\_\_\_

3. Date of birth : \_\_\_\_\_

4. Address for correspondence : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Email for correspondence : \_\_\_\_\_

6. Telephone number (work) : \_\_\_\_\_ (home) : \_\_\_\_\_

7. Fax number (work) : \_\_\_\_\_ (home) : \_\_\_\_\_

8. Main language : \_\_\_\_\_

9. Other languages (spoken / written) : \_\_\_\_\_

\_\_\_\_\_

10. Degree /diplomas (including ETNEP)

Degrees /diplomas	Institutions	Dates

11. Present occupation and work position : \_\_\_\_\_

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12. Name and address of employer : \_\_\_\_\_

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13. If you are involved with a specific school, please give some history and details of the school (for example, number of students, frequency and duration of courses) : \_\_\_\_\_

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14. In what specific educational activities are you involved? : \_\_\_\_\_

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15. Describe the objectives which you hope to achieve with the educational materials

requested : \_\_\_\_\_

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16. Where will the educational materials be used (for example, for patient teaching in the clinical setting, in the classroom for nurse education, etc)? : \_\_\_\_\_

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17. Have you already received a scholarship from the Norma N Gill Foundation?

If so, what type(s) of scholarship and in what year(s)?

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If not, from whom did you receive information about the NNGF scholarships?

- Commercial Source – Name : \_\_\_\_\_ Country : \_\_\_\_\_
  - WCET Journal
  - ET Nurse (name): \_\_\_\_\_ Country : \_\_\_\_\_
  - ETNEP Director (name ) : \_\_\_\_\_ Country : \_\_\_\_\_
  - Other, Please specify name and address : \_\_\_\_\_
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18. Other requests made for financial assistance :

SOURCE	SPECIFY	AMOUNT CURRENCY (e.g. US\$ or GB£)
Employer		
Hospital/University		
Cancer society		
ET nursing association (local, national)		
Ostomy association		
Charity organisation (eg. Lions, Rotary)		
Industry (specify)		
Other (specify)		
<b>TOTAL FUNDS RECEIVED</b>		

19. Describe your current and/or past involvement in WCET \_\_\_\_\_

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20. Details of expenses :

**(For each article requested, a written quote from the supplier must accompany your application)**

<b>TOTAL EXPENSES</b>	<b>AMOUNT CURRENCY (e.g. US\$ or GB£)</b>
Audio-visual materials, for example : <ul style="list-style-type: none"> <li>• overhead projector</li> <li>• slide projector</li> <li>• anatomical model</li> <li>• flip chart</li> <li>• computer programme</li> <li>• digital camera</li> </ul>	
Books <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	
Slides	
Posters	
Journal subscription (other than the WCET journal) <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	
Other (specify)	
<b>TOTAL EXPENSES</b>	
<b>OTHER FINANCIAL ASSISTANCE OBTAINED (question 18)</b>	- (                    )
<b>TOTAL AMOUNT REQUESTED</b>	

## EDUCATIONAL MATERIALS SCHOLARSHIP AGREEMENT FORM

I, **(Print Name in Full)** \_\_\_\_\_

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 and / or clinical paper to the NNGF chairperson within three (3) months of receiving the scholarship award.
- c) I agree to my report and / or clinical paper being submitted for possible publication in the WCET Journal.
- d) I guarantee that I shall send all receipts for the material(s) acquired to the NNGF chairperson within three (3) months of receiving the Educational Materials Scholarship Award.
- e) I agree to the NNGF paying all or part of the award directly to the supplier(s) of the educational materials.
- f) I shall submit to the NNGF chairperson, one year after receipt of the Educational Materials Scholarship Award, a written report not exceeding 500 words, explaining how I have used the materials acquired.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT AUTHORIZATION DETAILS

Where possible, the WCET will pay all or part of the NNGF award directly to the supplier(s) of the educational materials.

The Scholarship award should be made payable to:

Applicant          Amount : \_\_\_\_\_

Supplier(s)

1.      Name : \_\_\_\_\_

Address : \_\_\_\_\_

Amount : \_\_\_\_\_

Bank details (name, account number) : \_\_\_\_\_

\_\_\_\_\_

2.      Name : \_\_\_\_\_

Address : \_\_\_\_\_

Amount : \_\_\_\_\_

Bank details (name, account number) : \_\_\_\_\_

\_\_\_\_\_

3.      Name : \_\_\_\_\_

Address : \_\_\_\_\_

Amount : \_\_\_\_\_

Bank details (name, account number) : \_\_\_\_\_

