

(Reg. Charity 1057749)

**NORMA N. GILL
FOUNDATION**

**GENERAL
SCHOLARSHIP**

Application Form

Revised November 2005(2)

GENERAL SCHOLARSHIP

Information for Applicants - Please read before completing the form.

The amount which may be awarded is at the discretion of the Norma N Gill Foundation.

The same WCET member may not receive this scholarship more than five (5) times.

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.

To be eligible for a General scholarship, you must :

1. Be an ET nurse with at least two years postgraduate experience in an ET position since completing the ETNEP.
2. Submit certified true copies verifying your professional status (e.g. graduation certificate, professional license, employment letter from the hospital).
3. Have been a full member of the WCET for at least two years.
4. Be requested to service a WCET recognized ETNEP, or participate in a teaching project specific to ET nursing.
5. Complete the attached Scholarship Agreement form.
6. 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.

7. Obtain written confirmation of each of your expected expenses (airfare, passport/visa fees, accommodation, etc.) and send them with your application form (see question 21). *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 all of the supporting 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

IMPORTANT

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

- Certified true copies of your professional status**
- Relevant documents pertaining to the educational activity (program, letter of invitation, etc)**
- Letters showing the results of your other applications for financial assistance**
- Completed Scholarship Agreement form**
- Official estimates of your expenses, such as airline tickets, visa/passport fees, accommodation costs, etc.**

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

GENERAL 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 : _____

12. Name and address of employer : _____

13. Name of institution which has requested on-site educational project : _____

14. Name and address of your contact person at the institution : _____

Email : _____

Telephone number : _____ Fax number : _____

15. Dates of the educational project :

From : _____ To : _____

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

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

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 : _____
-

20. 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)		
TOTAL FUNDS RECEIVED		

21. Details of expenses :

TOTAL EXPENSES	AMOUNT CURRENCY (e.g. US\$ or GB£)
Travel (economy class round trip) - Air - Rail - Road	
Passport / Visa fee	
Accommodation	
Other expenses (specify)	
TOTAL EXPENSES	
OTHER FINANCIAL ASSISTANCE OBTAINED (question 20)	- ()
TOTAL AMOUNT REQUESTED	

22. Describe your current and/or past involvement in WCET _____

GENERAL SCHOLARSHIP AGREEMENT FORM

I, **(Print Name in Full)** _____

hereby agree to the following conditions if I am awarded a General scholarship:

- a) In the event that I 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.
- b) I shall submit a written report to the NNGF chairperson within three (3) months of participating in the educational project.
- c) I agree to my report being submitted for possible publication in the WCET Journal.
- d) I guarantee that I shall send all receipts to the NNGF within three (3) months of participating in the educational project.

Signature: _____ Date: _____

My Country will accept a Bank Transfer in US Dollars Yes No
Bank Draft to be made payable to:

Name: _____

Address : _____

Bank Transfer details:

Name: _____

Bank : _____

Branch : _____

Address : _____

Sort Code : _____

Account Number : _____

Account Name : _____