

(Reg. Charity 1057749)

**NORMA N. GILL
FOUNDATION**

**MEMBERSHIP
SCHOLARSHIP**

Application Form

Revised November 2005(2)

MEMBERSHIP SCHOLARSHIP

Information for Applicants - Please read before completing the form.

The amount which may be awarded is US\$ 40, ED 40 or £20.

Preference will be given to applicants from emerging countries.

Selection of candidates for the scholarship is non-discriminatory.

To be eligible for a Membership scholarship, you must :

1. Be eligible for associate or full membership in WCET.
2. Be a registered nurse.
3. Submit certified true copies verifying your professional status (e.g. graduation certificate, professional license, employment letter from the hospital).
4. Try to obtain other financial assistance. *Your application will be considered more favourably if you have made the effort to seek financial assistance elsewhere.*

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

World Council of Enterostomal Therapists
ATTN: Nicole Stifnagle
15000 Commerce Parkway
Suite C
Mount Laurel, NJ 08054
United States of America

DO NOT SEND BY COURIER

YOU MAY SEND BY PRIORITY
OR REGISTERED MAIL

Telephone: 856-437-0386
Fax: 856-439-0525
e-mail: wcet@ahint.com

MEMBERSHIP 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, if completed)

Degrees /diplomas	Institutions	Dates

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11. Present occupation and work position : _____

12. Are you actively involved in ET nursing in your hospital / community? : _____

13. What percentage of your time do you spend on ET nursing? _____

14. Name and address of employer : _____

15. Have you already received a membership scholarship(s) from the Norma N Gill Foundation? If so, for what year(s)? : _____

16. If you have already received a membership scholarship from the Norma N Gill Foundation, please explain what use you made of your WCET membership during the year for which you were a member: _____

19. 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		

Date : _____ Signature of applicant : _____