



Reg. Charity 1057749

Norma N Gill Foundation

Educational Materials Scholarship

Application Form

Revised November 2005

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. Obtain an official letter from your nursing director acknowledging your participation and involvement in ET nursing educational activities within your institution.
4. Buy educational materials which are 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 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
Box 48099
60 Dundas Street East
Mississauga, Ontario
Canada L5A 1W4

Telephone: 905 848 9400
Fax: 905 848 9413
E-mail: wcet@on.aibn.com

DO NOT SEND BY COURIER

YOU MAY SEND BY PRIORITY
OR REGISTERED MAIL



IMPORTANT

This application will not be processed unless it is accompanied by:

- ◆ Official letter from your nursing director acknowledging support for your attendance at congress and continuing support afterwards
- ◆ Letters showing the results of your other applications for financial assistance
- ◆ Completed Scholarship Agreement form
- ◆ If you are not already a member of WCET, membership application form together with payment.
- ◆ Official estimates of your expenses, such as airline tickets, visa/passport fees, accommodation costs, etc.

**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, if completed) _____

Degrees /diplomas	Institutions	Dates

11. Present occupation and work position _____

12. Name and address of employer _____

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) _____

14. In what specific educational activities are you involved? _____



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

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

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

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 _____



World Council of Enterostomal Therapists (WCET)

An association of nurses (Reg. Charity 1057749)

www.wceten.org

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)		
TOTAL FUNDS RECEIVED		

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



20. Details of expenses

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

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



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 AUTHORISATION 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) _____



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My Country will accept a Bank Draft in

US Dollars	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Pound Sterling	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Euros	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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 _____