



Reg. Charity 1057749

Norma N Gill Foundation

General Scholarship

Application Form

Revised November 2005

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.



World Council of Enterostomal Therapists (WCET)

An association of nurses (Reg. Charity 1057749)

www.wceton.org

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. Have been a full member of the WCET for at least two years.
3. Be requested to service a WCET recognized ETNEP, or participate in a teaching project specific to ET nursing.
4. Complete the attached Scholarship Agreement form.
5. 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.
6. 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 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.

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, if completed) _____

Degrees /diplomas	Institutions	Dates

11. Present occupation and work position _____

12. Name and address of employer _____

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

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

Email for correspondence _____

Telephone number Work _____ Fax Number _____

15. Dates of the educational project

From _____ To _____



World Council of Enterostomal Therapists (WCET)

An association of nurses (Reg. Charity 1057749)

www.wceton.org

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	

24. Describe your current and/or past involvement in WCET, if applicable _____

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 _____



PAYMENT AUTHORISATION DETAILS

Where possible, the WCET will pay all or part of the NNGF award directly to the airline / hotel / etc.

The Scholarship award should be made payable to:

Travel Applicant Amount _____

Airline

Accommodation Applicant Others (please specify):

_____ Amount _____

Other expenses (please give full details) :

Expense _____ Amount _____

Expense _____ Amount _____

Expense _____ Amount _____

Expense _____ Amount _____

Expense _____ Amount _____

Expense _____ Amount _____

My Country will accept a Bank Draft in US Dollars Yes No

Pound Sterling Yes No

Euros Yes No

My Country will accept a Bank Transfer in US Dollars Yes No

Bank Draft to be made payable to:

Name _____

Address _____



World Council of Enterostomal Therapists (WCET)

An association of nurses (Reg. Charity 1057749)

www.wceton.org

Bank Transfer details:

Name _____

Bank _____

Branch _____

Address _____

Sort Code _____

Account Number _____

Account Name _____