

## NORMA N. GILL FOUNDATION MEMBERSHIP SCHOLARSHIP APPLICATION

### Information for Applicants - Please read before completing the form

This application will be subjected to review by the WCET NNGF Committee.  
You will be notified within 4 weeks of receipt of the completed application form and accompanying documentation.

### Essential Eligibility Criteria

Registered health professionals who have

- an interest in enterostomal therapy nursing and
- who are unable to pay the membership fee without experiencing financial disadvantage and
- who will use the scholarship to advance ET nursing in their country

### This completed application form should be accompanied with:

- Certified copy of your nursing/health professional qualification
- Certified copy of your ETNEP/REP certificate if you have one
- Documentation from your employer that they support this application
- Completed/signed NNGF Scholarship Agreement (at end of this application)
- A personal/professional profile of not more than 500 words detailing your interest in Enterostomal Therapy Nursing and how you see yourself advancing this nursing specialty

Please submit all by **email** to: [admin@wcetn.org](mailto:admin@wcetn.org) and [nngf@wcetn.org](mailto:nngf@wcetn.org)  
or via priority or registered mail to:

WCET  
c/o Jennifer Bank, WCET Director of Administration  
1025 Thomas Jefferson Street NW  
Suite 500 East  
Washington, DC 20007  
USA

## APPLICATION FORM

### Applicant Information

1. Full Name:
2. Title:     Mr.         Mrs.         Ms.         Miss         Dr.
3. Date of Birth:
4. Email Address (for WCET/NNGF correspondence):
5. Telephone (including country and area code):
6. Fax (if you have one):
7. Full Postal Address:  
(This is the address your WCET journal will be posted to)
8. Employment:
  - a. Employer Name:
  - b. Employer Address:
  - c. Employer Email:
9. Qualification(s) including ETNEP/REP qualification if you have one:

Name of Degree/Diploma/Certificate	Name of Institution	Year Completed

10. Have you been a member of the WCET before?    Yes    No
11. If yes which year(s)
12. Have you ever received a NNGF scholarship before?

Type

Year

- a) Membership Scholarship
- b) Education Scholarship
- c) Congress Travel Scholarship

**MEMBERSHIP SCHOLARSHIP AGREEMENT FORM**

I, Print Full Name, hereby agree that I have

- an interest in enterostomal therapy nursing and
- I am unable to pay the membership fee without experiencing financial disadvantage and
- I will use the scholarship to advance ET nursing in my country

Signature:

Date:

