New England Region Wound, Ostomy, Continence Nurses Society Nurse in Washington Internship (NIWI) Scholarship Application

Eligibility Criteria:

1. Current member of the New England Region WOCN.
2. Completed scholarship application sent to the Chairperson of the New England Region WOCN Political Action Committee via email no later than January 15 (debradubuc@gmail.com).
3. Letter of reference from a member of the New England Region WOCN addressing your qualifications sent directly to the Chairperson of the New England Region WOCN Political Action Committee.
4. Must have also sought other scholarship help if available (national WOCN, employer).
5. If selected to receive a scholarship, must agree to serve on the New England Region WOCN Political Action Committee for a period of two years.

Applicant Information:

1. Name:

2. Home Address:

3. Home Phone:

4. Work Phone:

5. Employer/Job Title;

6. Work Address:

7. Preferred Email:
8. Have you sought financial assistance from your employer to attend NIWI?
    a. Is your employer providing you with financial assistance?
    b. If yes, how much contribution can you expect from your employer?
9. Did you apply for the National WOCN Scholarship for NIWI?
    a. If not, why not?
10. Did you apply for the Nursing Alliance Scholarship for NIWI?
    a. If not, why not?
11. Have you been notified that you will receive either of the above scholarships?
    a. If yes, how much assistance will you be receiving?

12. How long have you been a member of the New England Region WOCN?
13. Have you ever been on a National or New England Region committee or held office?
    a. If yes, identify the committee/office, give dates and your participation.

14. Identify what your planned involvement with the New England Region WOCN Political Action Committee will be after attending NIWI.

15. Provide specific reasons why you wish to attend NIWI and how you plan to utilize this knowledge.

16. Is there any other information, such as special circumstances, information unique to you, pertinent work or volunteer history that you feel the committee should have to make our decision?

17. Estimate your cost to attend NIWI:

Item	Estimated Cost	Funding Received
Conference Registration		
Hotel		
Travel (specify air, train, car miles)		
Airport/Train/Hotel Parking		
Shuttle to & from Hotel		
Meals		
Other		
Total Costs		

Thank you for your interest in NIWI. Please send this completed application to the email listed no later than January 15. You will be notified of the committee's decision by February 1.