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**New England Region of WOCN Society®**

**Youth Rally Scholarship Application**

**Applications must be received by March 23, 2024**

Return the completed application and personal statement to:

Leah Abecassis at Leah.Abecassis@childrens.harvard.edu

*Awards will be announced on social media and via email*

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| --- | --- | --- | --- |
| Full Name: |  |  |  |
| Mailing Address: |  |  |  |
| City/State/Zip: |  |  |  |
| Phone (Work): |  | Phone (Home): |  |
| Email: |  |  |  |
| Date of WOC Certification: | |  |  |
| Certification Program: | |  |  |
| Member of New England Region of WOCN?: | | * Yes | * No |
| Have you participated in the Youth Rally Camp before as a medical professional? | | | |
|  |  | * Yes | * No |
| Are you a prior recipient of any scholarships from NER WOCN? | | | |
| * Yes | * No | If so, which one? |  |
| Please attach the following documents to your application: | | | |
| * CV/Resume | * Personal Statement | |  |
| I hereby certify that the information on this application and additional documents are true and accurate. | | | |
| Signature |  | Date |  |
| **Please note that incomplete applications will not be reviewed.** | | | |