

# South Central Region WOCN Annual Scholarship

## ELIGIBILITY CRITERIA

1. A registered nurse seeking education in wound, ostomy, and continence nursing.
3. Proof of one of the following:
  - Acceptance in a WOCNEP.
  - Current enrollment in a WOCNEP.
  - Certificate of completion of a WOCNEP within the last 3 months.

## CHECK LIST

This check list of **mandatory** components is provided for your convenience.

**Submit a copy of your application including the following components:**

- Completed, legible application
- Signed consent forms
- Acceptance letter, proof of current enrollment or certificate of completion from a WOCNEP.
- Three letters of recommendation

**Application must be received by the SCR WOCN Scholarship Chair by May 1<sup>st</sup>. The SCR WOCN Scholarship Committee will review completed legible applications. A written response can be expected within 8 weeks of the deadline for submission. It is advisable to keep a copy of your completed application packet.**

Completed application packet may be mailed, faxed, or sent electronically to the following:

Marcia Davis, MS,RN,CNS-CWOCN  
416 Kensington Rd  
Norman, OK 73072  
(405) 360-7388 (H); (405) 307-6955 (W)  
[mdavis@diversifiedcs.com](mailto:mdavis@diversifiedcs.com)  
(405) 307-6957 (Fax)

# South Central Region WOCN Annual Scholarship Application

## GUIDELINES FOR LETTERS OF RECOMMENDATION

Applicant: Please give this form to those individuals from whom you have requested a letter of recommendation.

The SCR WOCN Scholarship Committee awards scholarships to deserving individuals committed to working within the wound, ostomy and continence specialty. You have been identified by this applicant to provide a letter of recommendation for a financial award.

It would be helpful if you could speak to the utilization of this applicant's WOC education and the patient population to be served in your community. Please address any of the following attributes to assist the committee in the evaluation of this applicant.

- professionalism
- commitment
- communication skills
- problem solving skills
- leadership ability
- critical thinking ability

Thank you,  
The SCR WOCN Scholarship Committee

# South Central Region WOCN Annual Scholarship Application

## APPLICATION FORM

**Return a completed copy of this application to:** Marcia Davis, MS, RN, CSN-CWOCN  
416 Kensington Rd  
Norman, OK 73072  
(405) 307-6955 (W) (405) 360-7388 (H)  
mdavis@diversifiedcs.com  
(405) 307-6957 (FAX)

**All information will be kept confidential**

### Leave no Blanks

**Please remember that incomplete or illegible applications will not be reviewed.**

### Applicant Information

1. Name:	
Address:	
City/State/Zip	
Phone: Home (   )	Work (   )
2. Social Security Number:	
3. Start date of the M. D. Anderson WOCNEP into which you were accepted:	
4. Type and content of the program you selected:	
Type: <input type="checkbox"/> On Site <input type="checkbox"/> Split Option <input type="checkbox"/> Home Study	
Content: (Check all that apply) <input type="checkbox"/> Wound <input type="checkbox"/> Ostomy <input type="checkbox"/> Continence	



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**11. What are your Nursing Education Program costs and reimbursements?**

<b>Costs</b>		<b>Reimbursements</b>	
Airfare	\$ _____	Airfare	\$ _____
Mileage*	\$ _____	Mileage*	\$ _____
Tuition	\$ _____	Tuition	\$ _____
Books	\$ _____	Books	\$ _____
Room/Lodging	\$ _____	Room/Lodging	\$ _____
Meals**	\$ _____	Meals**	\$ _____
Proctor/Preceptor	\$ _____	Proctor/Preceptor	\$ _____
Copying/Postage	\$ _____	Copying/Postage	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>Total</b>	<b>\$ _____</b>

\*Calculate using current federal mileage rate

\*\* While living away from home – not to exceed \$20/day



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## B. Nursing Practice Demographic Information

14. What is the anticipated number of hours per week that will be spent meeting the needs of people with wounds, ostomies, or incontinence? \_\_\_\_\_
15. What will be your employment status upon completion of your education program?
- a. Practice Setting (acute care, home care, etc.) \_\_\_\_\_
- b. Will your primary care responsibilities be within the scope of WOC nursing?
- Yes                       No

Please explain:

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- c. If not currently employed, how do you plan to incorporate WOC nursing into your practice?

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# South Central Region WOCN Annual Scholarship Application

## C. Professional Work Credentials/Experience

16. Employment history (begin with most recent)			
Employer: _____			
Name	City/State	Dates	
Position Description: _____			
_____			
Employer: _____			
Name	City/State:	Dates	
Position Description: _____			
_____			
Employer: _____			
Name	City/State:	Dates	
Position Description: _____			
_____			
17. Educational Background:			
_____			
Institution	City/State	Date graduated	Degree
_____			
Institution	City/State	Date graduated	Degree
_____			
Institution	City/State	Date graduated	Degree
_____			

## **South Central Region WOCN Annual Scholarship Application**

18. List the professional/community organizations to which you belong. (Include offices held and committee participation)

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19. List the professional journals to which you subscribe or read regularly.

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20. List your professional awards or honors.

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## South Central Region WOCN Annual Scholarship Application

24. Write a brief statement of your long-term career goals.

25. I hereby certify that this is a true and accurate representation of data and my activities and accomplishments.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# South Central Region WOCN Annual Scholarship Application

## AGREEMENT FORMS

### Consent for Name Release

The SCR WOCN may use your name during the scholarship application process. Examples of this may include contacting the Director of the M. D. Anderson WOCNEP; sharing your application with other SCR WOCN Scholarship Committee members for review; and checking references to determine your eligibility. Please sign this consent form. All information will be kept confidential.

I, \_\_\_\_\_, hereby give permission for the release of my name and address to determine my scholarship eligibility during the review process and, in the event that I am awarded the Beverly G. Hampton Memorial Scholarship, my name may appear in the SCR WOCN e-news, press releases, or other publications of the WOCN.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Scholarship Agreement Form

I, \_\_\_\_\_, hereby agree to the policy established by the SCR WOCN Scholarship Committee. In the event I am unable to attend the WOCNEP within one year of receipt of a scholarship, all monies heretofore accepted by me will be forfeited and returned to the SCR WOCN Treasurer. Should I be selected as a recipient of the South Central Region Annual Scholarship, I will join WOCN if not currently a member.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date