

APPLICATION FOR THE SCSGNA SCHOLARSHIP

Name:

Hospital/Employer:

Home Address:

City/State/Zip Code:

Home Phone:

Work Phone:

Email Address:

When did you apply for the SCSGNA Scholarship?

What is the scholarship for? (Please state your need).

The goal of this scholarship is to help the regional member attend the National SGNA Educational Course or for certification/recertification. We offer two \$500 scholarships.

The scholarship criteria will be based on the following:

- The applicant's support of SGNA, both regional and national
- The applicant's support of GI Nursing
- The applicant's activities within their own hospital/place of employment and community
- The applicant's participation within local, state and federal government
- The applicant's participation in other nursing organizations

Process:

Please check off any activities that you have participated in. (All of the different activities have been assigned a point value by the scholarship committee).

You may feel free to add any additional comments, expand on any of your activities or include any other areas that may have been included in the list of activities on a separate sheet of paper.

Return this form along with your additional comments to the following:

SCSGNA Scholarship Fund:
Cathy Dye
4368 Laurelhurst Road
Moorpark, CA 93021

SCSGNA Scholarship Fund:
Catherine Wulff
1663 East El Norte Parkway
Escondido, CA 92027-1302

GENERAL QUESTIONS

Years in GI Nursing: () (1 point each year)

Years as an SCSGNA/SGNA Member: () (1 point each year)

Certification CGRN/CGA: Yes No
How many years: (1 point each year)

How many SCSGNA conferences have you attended? (1 point each conference)
Please List Below:

ACTIVITIES

Southern California SGNA:

Offices Held: How many years? (1 point for each office/year)

- 1.
- 2.
- 3.
- 4.
- 5.

Community/Legislative Coordinator: Held Office – Years _____

National SGNA:

Participation: How many years? (1 point for each participation/year)
Includes Moderator, Monitor, Committee Chairman, Member, Item Writer, Poster Board Exhibitor, etc.

- 1.
- 2.
- 3.
- 4.
- 5.

Education:

- | | | |
|---------------------------------|-------|----------------|
| Presenter- Hospital In-services | List: | (1 point each) |
| Teaching- Student Nurses | List | (1 point each) |
| Presenter- Community | List | (1 point each) |
| Mentoring | List | 1 point each) |

Government:

- | | |
|---------------------------------|----------------|
| Local Government Involvement: | (1 point each) |
| State Government Involvement: | (1 point each) |
| Federal Government Involvement: | (1 point each) |

Health Fairs:

- | | |
|--|----------------|
| Promote GI Nurses Day: | (1 point each) |
| Organization (Liver Foundation, Crohns Colitis): | (1 point each) |

Miscellaneous:

I understand that, if I receive a SCSGNA Educational or Certification Grant, I am required to apply funds received toward expenses related to attending the course selected on the reverse side. I agree to send proof of attendance (CEU's received) from such course or evidence of completion of certification exam within 30 days to the above address. I agree to return to SCSGNA any unused portion of the grant. I agree to write a brief summary of what this course meant to me, and include that with the CEU's to the current president of SCSGNA.

Signature

Date

Form must be completed in full, signed and dated for it to be processed.