

New England Chapter of the WOCN® Society Annual Educational Scholarship Application

Applications must be received by October 1

Return the completed application, attachments, and letters of recommendation to:
Karen Baggetta Membership Chair at newenglandwocnmembership@gmail.com

Awards will be presented at Chapter's Fall Conference in October

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: Work () _____ Home () _____

Email: _____

WOCNEP Start Date: _____ Expected Completion Date: _____

OR

Advanced Degree Program Start Date: _____ Expected Completion Date: _____

Name and Location of Education Program:

Content Focus (check all that apply): Wound _____ Ostomy _____ Continence _____

Foot & Nail Care _____

Member of New England Chapter of the WOCN Society YES _____ NO _____

New England Chapter of the WOCN Society Board or Committee position and duration held by
applicant: _____

Please attach the following required documents with your application:

- Resume or CV
- Copy of Nursing License
- 2 Letters of Professional Reference
- Letter of WOCNEP Acceptance/Completion or Graduate Program Letter of Acceptance/Enrollment or completion as described in the criteria section
- Your 150 – 200 word essay describing your past, current, or future contributions to the CWOCN Nursing Specialty Practice.



New England Chapter

Wound, Ostomy, and
Continence Nurses Society®

I hereby certify that the information on this application and additional documents are true and accurate.

Signature/Date _____

KB 4/9/23 Incomplete applications will not be reviewed



WOCN

Wound, Ostomy, and
Continence Nurses Society®

WOCN® NATIONAL OFFICE

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