

New England Chapter of the 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 newenglandwocnyouthrally@gmail.com. Awards will be announced on social media and via email

Full Name:			
Mailing Address:			
City/State/Zip:			
Phone (Work):	Phone (Home):		
Email:		•	
Date of WOC Certificat	ion:		
Certification Program:			
Member of New England Chapter 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 the NEC?			
☐ Yes	□ No	If so, which one?	
Please attach the follow	wing documents to your	application:	
□ CV/Resume	☐ Personal Statement		
I hereby certify that the	information on this appl	lication and additior	nal documents are true and
accurate.			
Signature		Date	

Please note that incomplete applications will not be reviewed.

