

WOCN Accredited Nursing Education Program North Central Chapter of the WOCN® Society Scholarship Program

Wound, Ostomy, and Continence (WOC) nursing is a distinct and well defined field of specialty nursing. Educational preparation and clinical practice are vital to such a demanding, multi-faceted role. Because of the growing need for WOC nurses throughout the world and a strong belief in the continued growth and success of WOC nursing, the NCC WOCN Chapter has developed awards for educational scholarships. The partial scholarships are made possible through contributions from product manufacturers, private and public donations, endowments, NCC WOCN Chapter funds raised through educational and other fundraising activities.

Scholarships are awarded to deserving individuals committed to working within the wound, ostomy and continence nursing specialty. Applicants agree to support the WOCN philosophy and scope of practice.

The WOCN® Society Philosophy

WOCN believes that nursing as a profession enhances healthcare services to a multifaceted society and includes prevention, health maintenance, therapeutic intervention, and rehabilitation. Wound, ostomy, and continence care, are areas of specialty practice within the framework of nursing that strive to advance the healthcare and quality of life of all affected individuals.

WOCN believes that continuing education and research provide the basis for current, comprehensive nursing practice for patients with wounds, ostomies, and incontinence. Learning may occur on a basic, advanced or continuing educational level and combines the acquisition of theoretical knowledge and clinical expertise. WOCN provides and approves quality continuing education for its members and for other healthcare professionals in order to enhance and improve WOC Nursing, wound, ostomy, and incontinence nursing practice.

By the process of accreditation, WOCN promotes high standards of education and requires a baccalaureate degree with a nursing major or an equivalent as the entry level for WOC Nursing Education Programs and for Specialty Education Programs in wound, ostomy, or continence management.

Statement of Nondiscrimination Policy

The NCC WOCN Chapter does not discriminate among applicants on the basis of age, gender, race, religion, national origin, disability, sexual orientation, or marital status.



Eligibility Criteria

- Applicant must be a US citizen.
- Applicant must be a member of the WOCN and have designated the NCC WOCN Chapter as the Chapter choice.
- Seeking education in wound, ostomy, and continence nursing care.
- Proof of one of the following:
 - Acceptance in a WOCN accredited WOC education program
 - Current enrollment in a WOCN accredited WOC education program
 - Certificate of completion from a WOCN accredited WOC education program six months previous to the deadline or one year past completion.
- Scholarship will be awarded to the chosen applicant upon successful completion of the WOC Education Program.

Checklist

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

Email or mail a copy of your application in the following order:

- ✓ Completed, legible application (incomplete or illegible application will not be considered)
- ✓ Signed consent forms
- ✓ Acceptance letter, proof of current enrollment or certificate of completion from a WOCN accredited WOC Education Program
- ✓ Three letters of recommendation

Application must be received at the NCC WOCN office by November 1 or May 1st. The NCC WOCN Review committee/Board will review completed legible applications. A written response can be expected within eight weeks of the deadline for submission

Note: To ensure receipt of documents, send your application via a traceable method such as email or mail return with receipt requested, UPS or Federal Express. It is advisable that you keep a copy of your completed application packet.





Guidelines for Letters of Recommendation

The NCC WOCN Chapter 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 review committee/board in the evaluation of this applicant.

- ◇ Professionalism
- ◇ Commitment
- ◇ Communication skills
- ◇ Problem solving skills
- ◇ Leadership ability
- ◇ Critical thinking ability

Thank you,

The NCC WOCN Chapter



WOCN Accredited Nursing Education Program North Central Chapter of the WOCN® Society Scholarship Application

Return a completed copy of this application to: **April Qualley**
2319 State Highway 9
Ada, MN 56510

All information will be kept confidential.

Leave NO Blanks

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

NORTH CENTRAL CHAPTER OF THE WOCN SOCIETY SCHOLARSHIP APPLICATION			
APPLICANT INFORMATION			
Name:			
Date of birth:	SSN:	Phone:	
Credentials:		WOCN Member #:	
Current address:			
City:	State:	ZIP Code:	
WOCN EDUCATION PROGRAM INFORMATION			
Program Name:		Start Date:	
Program Type: <i>(Please check one)</i> <input type="checkbox"/> On Site <input type="checkbox"/> Split Option <input type="checkbox"/> Home Study			
Content: <i>(Please check all that apply)</i> <input type="checkbox"/> Wound <input type="checkbox"/> Ostomy <input type="checkbox"/> Continence <input checked="" type="checkbox"/> Nail/Foot Care			
FINANCIAL INFORMATION			
Total annual net household income (take home pay):			
Number of dependents:	Will your employer assist you with fees?: <input type="checkbox"/> yes <input type="checkbox"/> no		



NORTH CENTRAL CHAPTER OF THE WOCN SOCIETY SCHOLARSHIP APPLICATION

Have you been awarded any other scholarships: (*Please check one*)

yes no

If Yes Amount:

FINANCIAL IMPACT

Estimated Nursing Education Program Costs	Estimated Nursing Education Program Reimbursements
Airfare:	Airfare:
Mileage*:	Mileage*:
Tuition:	Tuition:
Books:	Books:
Room/Lodging:	Room/Lodging:
Meals**:	Meals**:
Proctor/Preceptor:	Proctor/Preceptor:
Copying/Postage:	Copying/Postage:
Total:	Total:

*Calculate using current federal mileage rate **While living away from home (Not to exceed \$20/day)

Explanation of financial need narrative: *Please explain why you believe your financial need is greater than others.*

EMPLOYMENT HISTORY (BEGIN WITH MOST RECENT)

Employer Name:	Location:	From:	To:
Position Description:			
Employer Name:	Location:	From:	To:
Position Description:			
Employer Name:	Location:	From:	To:





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SCHOLARSHIP APPLICATION**

Position Description:

EDUCATION BACKGROUND

Institution	Location	Graduated (mo/yr)	Degree earned
1			
2			
3			

PROFESSIONAL/COMMUNITY ORGANIZATION

Name	Offices Held/Committee Participation

NURSING PRACTICE DEMOGRAPHICS

What is the anticipated number of hours per week that will be spent meeting the needs of people with wounds, ostomies or continence?

What will your employment status be upon completion of your WOC nursing education program?

What will be your primary practice setting? (acute care, home care, ect.)

Will your primary care responsibilities be within the scope of WOC nursing?: yes no
Please explain:





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If not currently employed, how do you plan to utilize your WOC nursing education?

OTHER INFORMATION

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

List your professional awards or honors.

Identify personal strengths that will enhance your role as a WOC nurse.

Provide specific reasons for wanting to be a WOC nurse.





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SCHOLARSHIP APPLICATION**

Write a brief statement of your long-term career goals. Provide specific reasons for wanting to become a WOC nurse.

Signature:

Date:



**WOCN Accredited Nursing Education Program
North Central Chapter of the WOCN® Society Scholarship Application**

AGREEMENT FORMS

Consent for Name Release

The North Central Chapter may use your name during the scholarship application process. Examples of this may include contacting the Director of the WOC Nursing Education Program to which you have applied; sharing your application with other Scholarship Review Members/Board Members after the review process; 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 on my name and address to determine my scholarship eligibility during the review process and, in the event that I am awarded a scholarship, my name may appear in the, WOCNow, NCR WOCN Region website, and press releases.

Signature

Date

Scholarship Agreement Form

I, _____, hereby agree to the policy established by the North Central Chapter. In the event I am unable to attend the WOCN accredited Education Program within one year of receipt of a scholarship, all monies heretofore accepted by me will be forfeited and returned to the North Central Chapter. Should I be selected as a recipient, I will join WOCN if not currently a member.

Signature

Date