

ROCKY MOUNTAIN CHAPTER OF THE WOCN® SOCIETY NATIONAL CONFERENCE SCHOLARSHIP APPLICATION

Date of Application: _____

First Name: _____ Last Name: _____

Credentials: _____

WOCN Member #: _____

Street Address: _____

State: _____ Zip Code: _____

Phone: _____ Alternate Phone: _____

Email: _____ Alternate Email: _____

Employer: _____ Job Title: _____

Employer Phone #: _____ Supervisor: _____

Please list any WOCN conferences you have attended in the past 3 years

Will your employer assist you with conference registration, travel, and/or housing?

Yes No

If so, indicate the amount your employer will assist: _____

Have you received financial assistance from the RMC in the last 3 years?

Yes No If yes, date: _____

If awarded a scholarship, you will be required to donate time to the RMC within the year of the award. Please indicate how you would donate your time:

- Chapter Conference Planning Committee
- National Conference Chapter Booth Planning
- Submit an article for the RMC Newsletter or Website
- Membership Committee

*Other ideas are encouraged and should be submitted to the Scholarship Committee for consideration



Describe how attending this event will impact your WOC practice:

Describe your plan for sharing the knowledge gained from this experience with your peers:

Please provide any other information you would like the RMC to be aware of when considering this application:





Rocky Mountain Chapter

Wound, Ostomy, and
Continence Nurses Society®

I have emailed 2 letters of reference from a Professional Colleague (WOC Nurse preferred) or Supervisor to rmrwocn@gmail.com.

I hereby affirm that the information provided by me is true to the best of my knowledge, and I will notify the RMC of WOCN of any changes to this information.

Signature: _____

**The RMC reserves the right to audit any application for a period of up to one year from the date of any award.*



WOCN

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Continence Nurses Society®

WOCN® NATIONAL OFFICE

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