



**New England Chapter of the WOCN® Society
Youth Rally Scholarship Application**

Applications must be received by March 21, 2025

Return the completed application and personal statement to:

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 Certification: _____

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 NEC of WOCN?

Yes

No

If so, which one? _____

Please attach the following documents to your application:

- CV/Resume
- Personal Statement

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

Signature _____

Date _____

Please note that incomplete applications will not be reviewed.

