

## Southeast Chapter of the WOCN® Society Dorothy Doughty Education Scholarships – Advanced Practice Scholarship Application

### Application Form:

\* Denotes required fields

\*Email Address: \_\_\_\_\_

\*First Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Credentials: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Phone with area code & type: \_\_\_\_\_

Home      Work      Mobile

\*WOCN Member ID #: \_\_\_\_\_

\*Southeast Chapter Member?    Yes            No

\*WOCN Education Program from which you graduated: \_\_\_\_\_

Date Graduated: \_\_\_\_\_

\*Content of WOC Education Program from which you graduated (check all that apply)

Wound    Ostomy    Continence    Foot & Nail

\*Identify the type of program (full scope or specialty) in which you would like to or have enrolled:

\_\_\_\_\_  
\_\_\_\_\_

\*After graduation, will your primary responsibilities be within the scope of WOC Nursing?

Yes      No

\_\_\_\_\_

**Financial Impact – Expenses:**

Travel (Airfare): \_\_\_\_\_

Mileage (@prevailing IRS rate): \_\_\_\_\_

Tuition: \_\_\_\_\_

Lodging: \_\_\_\_\_

\*Are you eligible to receive tuition assistance / reimbursement from your employer?

Yes    No

Describe your employer's tuition assistance program, and your plans to access these funds: *300 words or less*

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\*Have you received tuition assistance / reimbursement from your employer?

Yes    No

If yes, amount received: \_\_\_\_\_

\*Have you been rewarded any other funds from your Advance Practice Education Program?

Yes    No

If yes, enter amount: \_\_\_\_\_

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\*Employment Status:

Full Time      Part Time      Other

Describe if other:

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\*Employer: \_\_\_\_\_

\*Current Title or Role: \_\_\_\_\_

Percentage of time spend in WOC Nursing activities: \_\_\_\_\_

What is your Practice Setting? (check all that apply)

Acute Care    Long Term    Home Care    Industry    Outpt/Clinic    Other

If other please explain: \_\_\_\_\_

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**\*Employment History (begin with most recent)**

Employer1:

Name: \_\_\_\_\_

Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Describe Position / duties performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employer2:

Name: \_\_\_\_\_

Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Describe Position / duties performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employer3:

Name: \_\_\_\_\_

Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Describe Position / duties performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*Education Background (begin with most recent)**

Education1:

Institution Name: \_\_\_\_\_

Location: \_\_\_\_\_

Graduated: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Education2:

Institution Name: \_\_\_\_\_

Location: \_\_\_\_\_

Graduated: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Education3:

Institution Name: \_\_\_\_\_

Location: \_\_\_\_\_

Graduated: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

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**List professional and community organizations to which you belong and offices held or committee participation: (300 words or less)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List professional awards or honors received: (300 words or less)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Provide specific reasons for seeking advanced education: (300 words or less)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Describe your professional and personal strengths that will contribute to your success:  
(300 words or less)**

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**Scholarship recipients will be solely responsible for all federal, state and/or local taxes associated with the scholarship. In the event, a recipient receives an amount of \$600 or more, they will be required to sign tax documents (W-9 form) BEFORE receiving scholarship payment.**

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In lieu of my signature, completing this information, I hereby certify that this is a true and accurate representation of my information, activities, and accomplishments.

Type Full Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Please submitted completed form to: [manager@secwocn.org](mailto:manager@secwocn.org).