SGNA ASSOCIATES PROGRAM SCHOLARSHIP

APPLICATION

What is the SGNA Associates Program Scholarship?

SGNA Associates Program Scholarships have been established to financially assist SGNA associate/technician members and non members with purchasing the Associates Program. The Associates Program is an online education program that provides an associate/technician the opportunity to validate their skills by being recognized as a GI Technical Specialist (GTS). The Associates Program is not an official certification but does help enforce the associate/technician commitment to the GI/endoscopy profession. Scholarships covering the cost of the Associates Program will be awarded quarterly to those members and non members who meet the established criteria. The number of scholarships awarded will depend upon funds available.

Applicants are asked to respond to questions that reflect their commitment and participation in SGNA. Applicants who apply should be an associate/technician who is seeking to further develop their skills in the GI/endoscopy practice. All information submitted should apply January to December of the past year.

Eligibility:
You may be eligible for an SGNA Associates Program Scholarship if:
1. You are an associate or technician.
2. You have been a member of SGNA for two or more years and are currently in good standing **or** you are a non member that has been employed in the GI/ endoscopy field for at least 3 years.
3. You must currently be employed as a caregiver in gastroenterology.
4. You must actively support the goals and philosophy of SGNA.
5. If you are a non member, you can show documentation of attendance at an SGNA event on the national or regional level.
6. You demonstrate need.

You are ineligible if:
1. You have previously received a scholarship from SGNA.
2. You are a member of the SGNA Board of Directors.
3. If you are a Registered Nurse.

Guidelines for Completion:
Any eligible individual in applying for this scholarship must complete the application and return it to SGNA Headquarters by one of the following quarterly deadlines: **March 1, June 1, September 1, December 1**. Applicants are asked to respond to questions that reflect their commitment and participation in SGNA and in the GI/endoscopy field. All information submitted should apply January to December of the past year.

SGNA Associates Program Scholarship Application

Type or print the information requested below

Name and Credentials: _____

Home address: _____

City: _____State: _____Zip: _____

Phone Number: (   ) _____

Email Address: _____

Employer: _____

Employer's Address: _____

Provide the name and phone number of your immediate supervisor below:

_____

May we contact him/her for information if needed?   (   ) YES   (   ) NO

1. **Employment**
   1a.   How many years have you worked in gastroenterology or endoscopy?   _____

2. **Membership:**
   2a.   Are you a current member of SGNA?   ( ) YES   ( ) NO

   2b.   If you are a current member, how long have you had your membership? _____

   2c.   Name and number of your Regional Society (if applicable): _____

   2d.   Please list any SGNA national or regional events you have attended in the past year:
          1.   _____

          2.   _____

          3.   _____

   2e.   Have you purchased the SGNA Associates Program in the past? ( ) YES   ( ) NO

3. Briefly explain your professional goals in GI/endoscopy for this upcoming year and how you will use the Associates Program to reach these goals.

4. Provide at least 2 letters of recommendation from your healthcare peers or superiors.

Applications must be received by **March 1, June 1, September 1 or December 1**
Complete this form and return to: SGNA, 330 N Wabash Suite 2000, Chicago IL 60611

I understand that, if I receive an SGNA Associates Program Scholarship, I have 6 months from the date of activation to complete the program. If I do not complete the program in the allotted 6 months, I am aware that a $20 reactivation fee will be incurred at my own expense.

Signature_____