# **SGNA Annual Course Scholarship**

**What is the Annual Course Scholarship?**

SGNA Annual Course Scholarships have been established to financially assist SGNA members with attendance at the SGNA Annual Course. Grants of will be awarded each spring to those members who meet the established criteria. The number and amount of grants awarded will depend upon funds available.

Scholarship funds will be sent to successful applications by check as a reimbursement after the completion of the Annual Course. All applicants will be guaranteed the “early bird” registration rate if funds are not awarded.

Applicants are asked to respond to questions that reflect their commitment and participation in SGNA. Applicants who apply should be planning to attend the full Annual Course that year. **All information submitted should apply January to December of the past year.**

**Eligibility:**

You may be eligible for an SGNA Annual Course Scholarship if:

1. You have been a member of SGNA for two or more years (as of January 1st, of this Course year).
2. You must currently be employed as a caregiver in gastroenterology.
3. You will attend the full course
4. You must actively support the goals and philosophy of SGNA.
5. You consent to SGNA publishing name and title, if selected for the award, in our membership communication materials.

**You are ineligible if**:

1. You have previously received the Annual Course Scholarship or the First Time Attendee Annual Course Scholarship in the past five years
2. You are only planning on attending optional sessions or a single day
3. You are a member of the SGNA Board of Directors

**Guidelines for Completion**

Any individual interested in applying for this educational scholarship must complete the application and return via email, by **February 1st.**

A completed application includes:

Completed Application

Two brief essays

* Describing contributions to SGNA and your regional society over the past year
* Explaining goals for attending this Annual Course

**SGNA Annual Course Scholarship Application**

Type or print the information requested below

Name and Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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. Membership:

1a. How long have you been a member of SGNA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1b. Name and number of your Regional Society \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1c. Date you renewed your membership \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1d. Are you currently certified by ABCGN?  yes  no

2. SGNA/Regional Involvement:

2a. Did you attend last year’s Annual Course?  yes  no

2b. Did you attend your regional educational course(s) last year?  yes  no

2c. Are you a national committee chair?  yes  no

2d. Are you a member of a national committee? If so which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2e. Are you a regional officer? If so which position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2f. Are you a regional committee member? If so which committee?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 2g. Are you a regional division coordinator? | yes | no |
| 2h. Have you written an article for the SGNA News? | yes  yes | no |
| 2i. Have you written an article for your regional newsletter? | yes  yes | no |

3. Number of years you have worked in gastroenterology or endoscopy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the past year have you:

4a. Participated in the program of your regional educational course? ☐yes ☐no

If yes, explain your role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4b. Participated in the program at the Annual Course? ☐yes ☐no

If yes, explain your role:

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4c. Participated in the Item Writers’ workshop? ☐yes ☐no

If yes, explain your role:

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4d. Submitted and had accepted, or published an article in the Gastroenterology Nursing

Journal ☐yes ☐no

4e. Given an individual donation to the SGNA Foundation for Education & Research?

☐yes ☐no

4f. Been a guest lecturer at another region’s educational course? ☐yes ☐no

If yes, list which regional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Explain briefly any other contributions to SGNA and your regional society during the past year.
2. Briefly explain your goals for attending this Annual Course.

Applications must be received by February 1st .

Complete this form and email to SGNA

Email:[info@sgna.org](mailto:info@sgna.org)

Fax: 312.673.6694

**I understand that, if I receive an SGNA Annual Course Scholarship I am required to apply funds received toward expenses related to attending this annual course. I agree to return to the SGNA any unused portion of the scholarship.**

Signature