

## **SGNA Advanced Associates Program Scholarship**

### **What is the SGNA Advanced Associates Program Scholarship?**

SGNA Advanced Associates Program Scholarships have been established to financially assist SGNA associate/technician members and non-members with purchasing the Advanced Associates Program. The purpose of this program is to provide an associate/technician with the opportunity to further their knowledge base in the field of GI/endoscopy. Technicians and associates are able to earn a higher level of recognitions as an Advanced GI Technical Specialist (AGTS) by successfully completing the Advanced Associates Program. The program is not an official certification but does help enforce the associate/technician's commitment to the GI/endoscopy profession.

Scholarships covering the cost of the Advanced 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.

### **Eligibility:**

Applicants will adhere to the following criteria:

- Application must be an associate or technician.
- Applicant must be a SGNA member in good standing for two or more years or a non-member that has been employed in the GI/endoscopy field for at least 3 years.
- Must currently be employed as a caregiver in gastroenterology.
- Applicant must actively support the goals and philosophy of SGNA.

### **Ineligibility for the Advanced Associates Program Scholarship includes:**

- National SGNA Board member
- If applicant is 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 and 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 Advanced Associates Program Scholarship Application**

Type or print the information requested below

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

Home Address: \_\_\_\_\_

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

Phone Number: (     ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Employer's Address: \_\_\_\_\_

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

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

1. Employment
  - a) How many years have you working in gastroenterology or endoscopy? \_\_\_\_\_
2. Membership
  - a) Are you a current member of SGNA? ( ) YES ( ) NO
  - b) If you are a current member, how long have you had your membership? \_\_\_\_\_
  - c) Name and number of your Regional Society (if applicable):  
\_\_\_\_\_
  - d) Please list any SGNA national or regional events you have attended in the past year?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - e) Have you completed the SGNA Associates Program in the past? ( ) YES ( ) NO
  - f) Have you purchased the SGNA Advanced Associates Program before? ( ) YES ( ) NO
3. Briefly explain your professional goals in GI/endoscopy for this upcoming year and how you will use the Advanced 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  
Awards Committee  
401 N. Michigan Ave., Suite 2200  
Chicago, IL 60611**

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

Signature: \_\_\_\_\_