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 $500 will be awarded each spring to those members who meet the established criteria. The number of grants 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 planning to attend the Annual Course that year. All information submitted should apply January to December of the past year.

Eligibility:

You may be eligible for a 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 must actively support the goals and philosophy of SGNA.

You are ineligible if:

1. You have previously received a scholarship from SGNA or the SGNA Foundation
2. 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 by March 1st.
SGNA Annual Course Scholarship Application

Type or print the information requested below

Name and Credentials: ____________________________________________________________

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(   )

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 □ no
2i. Have you written an article for your regional newsletter? □ yes □ no

3.  Number of years you have worked in gastroenterology or endoscopy? ___________
4.  In the past year have you:
   
   4a. Participated in the program of your regional educational course? □ yes □ no
       If yes, explain your role_________________________________________________
   
   4b. Participated in the program at the Annual Course? □ yes □ no
       If yes, explain your role_________________________________________________
   
   4c. Participated in the Item Writers’ workshop? □ yes □ no
       If yes, explain your role_________________________________________________
   
   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________________________________________________

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

Applications must be received by March 1st.
Complete this form and return to: SGNA, 401 N. Michigan Avenue, Chicago, IL 60611

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 complete a questionnaire of this scholarship program and return it within 30 days following the completion of the course (Questionnaire to be mailed after check has been issued). I agree to return to the SGNA any unused portion of the scholarship.

Signature ____________________________________________________________