##### First Time Attendee Annual Course Scholarship

***What is the SGNA First Time Attendee Annual Course Scholarship?***

The SGNA Novice Nurse/Associate scholarship has been established to financially assist newer SGNA members (less than two years of membership) with attendance at their first SGNA Annual Course. The scholarship is geared towards people who are new to the GI/Endoscopy field to give them a chance to experience the Annual Course and all it has to offer. 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 all questions and responses should reflect their interest and reasons for wanting to attend the Annual Course. Applicants who apply should be available 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 the SGNA First Time Attendee Annual Course Scholarship if:

1. The applicants must be an SGNA member, preference will be given if you have been a member of SGNA less than two years
2. This will be your first time attending the Annual Course
3. You must currently be employed as a caregiver in gastroenterology and be relatively new to the field, with a preference given to those with less than two years’ experience.
4. You are attending the full course
5. You must actively support the goals and philosophy of SGNA.

**You are** **ineligible if**:

1. You have previously received a scholarship from SGNA.
2. You have attended an SGNA Annual Course in the past.
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 by **February 1st.**

A completed application includes:

[ ] Completed Application

[ ] A brief essay explaining your goals in attending that Annual Course

**SGNA First Time Attendee Annual Course Scholarship Application**

**All information is due to SGNA Headquarters no later than February 1. Applicants will be informed of the Committee’s decision in mid-March**

**Please submit to:**

**SGNA Awards Committee**

**330 N Wabash Avenue, Suite 2000**

**Chicago, IL 60611-4267**

**Email:** **sgna@smithbucklin.com** **Fax: 312.369.6694**

Type or clearly 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:

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

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/or number of your Regional Society: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. When did you begin working in a GI/Endoscopy facility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. List any SGNA-related (regional/local) activities you attended in the past two years:

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

4. Have you served as an officer or on a committee for your regional or local SGNA? Please list.

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

5. Essay: In 300 words or less (typed and double-spaced), explain your goals in attending the Annual Course and how you will share your experience with others.

6. References: Please submit two references from a supervisor, certified nurse, or physician with whom you work on a regular basis.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applications must be received by February 15.

Complete this form and return to SGNA

Email: sgna@smithbucklin.com

Fax: 312.673.6694

Mail: 330 N Wabash Avenue Suite 2000, Chicago, IL 60611

I understand that, if I receive an SGNA Novice Nurse/Associate 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_