

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 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.

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 by **February 15**.

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

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 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 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_____