



Chartered 1985

NORTH COAST OHIO SOCIETY OF GASTROENTEROLOGY NURSES AND ASSOCIATES

2010 Application for the Linda VanVoorhis Smith Scholarship for Annual Course

This scholarship is for the Annual SGNA Course and is awarded to commemorate the life of our dear friend and colleague, Linda VanVoorhis Smith.

ELIGIBILITY:

You may be eligible for a NCOSGNA Scholarship if:

1. You have been an active member of NCOSGNA for two or more years.
2. You actively support NCOSGNA'S goals and objectives.

You are **ineligible** if you have previously received an NCOSGNA Scholarship in the last 5 (five) years, or are a member of the NCOSGNA Board of Directors, a Committee Chair, Delegate or Alternate Delegate.

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____

**EMPLOYER/
HOSPITAL:** _____

WORK ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Circle all that apply: LPN RN BSN MSN CGRN CGA TECH

Other _____

1. Have you been an active and continuous member of NCOSGNA for two years or more?

YES NO (if yes, when did you join? Year _____)

2. What are your goals and objectives for attending this annual educational course?

4. I support NCOSGNA & SGNA's goals by: (meeting attended, helping NCOSGNA meeting and functions, educational programs, etc)?

5. If you receive the scholarship for the Annual SGNA Course, are you willing to help with Regional Night Event.

YES NO

6. If you receive the scholarship for the Certification Exam, are you willing to write a short article for the North Coast Scope (Newsletter).

YES NO

SIGNATURE _____ DATE: _____

APPLICATIONS MUST BE RECEIVED BY

Complete this application and send to:

Any Questions please contact:

Debbie Luteran at Debbie.Luteran@ncosgna.org or

Amy Macak at Amy.Macak@ncosgna.org