



**NORTH COAST OHIO
SOCIETY OF GASTROENTEROLOGY
NURSES AND ASSOCIATES**

2019 Scholarship Application

for the

\$420 Scholarship for Certification Exam

Eligibility:

You may be **eligible** for an NCOSGNA Scholarship if you have been an active member of NCOSGNA for two or more years and you actively support NCOSGNA's goals and objectives.

You are **ineligible** if you have previously received an NCOSGNA scholarship in the last five years, or are a member of the NCOSGNA Board of Directors, a committee chair, Delegate or Alternate Delegate.

Name: _____

Credentials: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Employer: _____

Work Address: _____

Scholarship Application Questions

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

Yes _____ NO _____ (if yes, Member # _____ and year
joined _____)

2. What are your goals and objectives for becoming certified?

If you are awarded a scholarship, would you be willing to write an article about your experience at preparing for and taking the exam? yes _____ no _____

The article could be posted on our website so that your experience can inspire and encourage others.

Signature: _____

Date: _____

Application deadline for Certification Exam is September 1, 2019.

Please mail completed application to :

Kathy Schieber, BSN RN
54 Sussex Rd.
Hudson, OH 44236

Questions? Contact Kathy Schieber at shasidancer@hotmail.com