

CT SGNA SCHOLARSHIP APPLICATION FORM

NAME: _____ DATE: _____
 ADDRESS: _____
 PLACE OF EMPLOYMENT: _____
 HOME PHONE: _____ WORK PHONE: _____
 SGNA MEMBERSHIP NUMBER: _____ (YOU MUST BE A MEMBER TO BE ELIGIBLE)
 DOES YOUR PLACE OF EMPLOYMENT GIVE FINANCIAL ASSISTANCE? YES NO

APPLICATION FOR SCHOLARSHIP TO:
 NATIONAL
 REGIONAL
 SUPPLEMENTAL
 MEDICAL MISSION WORK/PROJECTS



Attach proof of all activities to this form. You must be able to validate all activities claimed.

National Activities	State Activities	Professional Activities	
	Elected State Officer 15 _____	Current GI Certification 10 _____	
Position on a National Board 10 _____	Committee Chair- Newsletter, By-Laws Membership, Scholarship, Other 5 _____	Current Certification in other Nursing field 5 _____	
Chair/ Co-chair SIG 5 _____	Attendance State Meetings (Must attend a minimum of 3 meetings) February, March, April, June, September, November 2 for each meeting attended 6pts min. _____	Current ACLS Certification 3 _____	
Active Member of SIG 3 _____	Organized and hosted a State Meeting with CEU's 5 _____	Current BLS certification GI Tech 3 _____	
Attended Annual Course 5 _____	Applied for CEU's for State Meeting 5 _____	Certification in sterilization (Tech's) 10 _____	
Speaker at Annual Course 5 _____	Overall Chair for Beyond the Scope 10 _____	Received a Nursing or Tech Award, CT, Employer 5pts. each _____	
Attended ABCGN Item Writer's Workshop 3 _____	Committee Chair (Hospitality, Brochures, ERCP, etc.) BTS 5 _____	Presented/ displayed/ published a Nursing Educational or Research Project, CT, Facility, or National 5pts each _____	
Moderator / Monitor at Annual Course 2 _____	Committee Member 3 _____	Publication of an article in a Nursing Journal 10 _____	
Legislative		Community Activities	
Current involvement in a legislative issue 3 _____	Mentorship for SGNA 5 _____	Secured a National GI Nurse Day Proclamation National, State or City/Town 2 _____	
Subtotal _____	Speaker at Beyond the Scope 5 _____	Participation in a GI specific project or active in Support Group. (Colon Cancer Awareness, Crohn's/Colitis, Celiac, Ostomy, etc.) 5 _____	
	Organizer for Certification Review Course 10 _____	Participated in Health-related lecture, seminar, Senior Citizen B/P screening, etc. (This does Not include CT SGNA meetings) 5 _____	
Total _____	How many years SGNA Member: 0-10 yrs. 2 _____ 11-20 yrs. 3 _____ 21-30 yrs. 5 _____ 30 + yrs. 10 _____ total _____	Current enrollment in higher education 10 _____	
AWARDED YES <input type="checkbox"/> NO <input type="checkbox"/>	Recruitment of new members 3pts per person _____	Subtotal _____	
REASON	Subtotal _____		

