

New Scholarship available to Houston Area Nurses interested in Wound, Ostomy and Continence Nursing

In honor of their 60th Anniversary, the Ostomy Association of the Houston Area, has made available scholarship money to ensure the continuation of quality WOC nurses in the local area

RJ Poonawala, owner of Spring Branch Medical Supply, has agreed to contribute matching funds to assist a nurse pursuing the WOC specialty

Qualifying Criteria:

- Live in the Greater Houston Area (100 mile radius)
- May study one or all areas but Ostomy must be foremost
- Join the WOCN with SCR as the designated Region
- Provides 3 letters of recommendation: at least 1 from a certified WOC nurse, 2 from a professional colleague or supervisor
- Provides proof of one of the following: Acceptance or current enrollment in a WOCN-accredited Wound, Ostomy, Continence Nurse Education Program

The South Central Region of the WOCN will be working with the Ostomy Association of the Houston Area and RJ Poonawala to offer and disperse this scholarship. Applications are taken from September 1, 2016 until May 31, 2017 and awarded in September of 2017.

For more information or questions call Pat Thompson, director of scholarships for the SCR WOCN 281-397-2799

**Ostomy Association of the Houston Area
and Spring Branch Medical Supply
Scholarship**

*This is a \$4000.00 scholarship for dual or full scope of WOC nursing
If there is no qualifying applicant then 2-\$2000 single **ostomy** tracts will be offered.*

Qualifying Criteria:

- Applicant must live in the Greater Houston Area (100 mile radius)
- Course of study must include Ostomy care
- Be a member of the WOCN and have designated the SCR as the region of choice
- Provides 3 letters of recommendation: at least 1 from a certified WOC nurse and 2 from a professional colleague or supervisor
- Provides proof of one of the following: Acceptance or Current Enrollment in a WOCN-accredited Wound Ostomy Continence Nurse Education Program

SCR Scholarship Application

Name: _____ Date of application submission: _____

Address: _____

Phone: Cell: _____ Home: _____

Email: _____

WOCN Member# _____

Employer: _____ Supervisor: _____

Title & Practice Setting: _____

Work Phone: _____

Indicate the WOCN Accredited WOC Education Program you are attending:

Start date: _____ Date of completion: _____ Please indicate the total tuition for the program: \$ _____ Will your employer assist you with tuition reimbursement?

Yes ___ No ___ If so, please indicate the amount your employer will assist with \$ _____

Will you receive assistance with tuition reimbursement from any other source? Yes ___ No ___

If so, please indicate the amount of assistance \$ _____ Have you received any financial assistance from the SCR WOCN in the last 3 years? Yes ___ No ___ If so, please indicate the date and amount of scholarship. _____ Please provide any other information you believe the SCR WOCN should be aware of when considering this application.

I, _____, hereby affirm that the information provided by me is true to the best of my knowledge, and I will notify the SCR WOCN of any changes to this information.

Signature _____

Please email completed application to Scholarships@SCRWOCN.org

Award will be given after successful completion of the program and all papers have been received by the SCR Council.