



Wound
Ostomy and
Continence
Nurses
Society

South Central
Region

Print, complete, and Scan this document with all the required documentation. Email to: SCR Scholarship Chair at Scholarships@SCRWOCN.org. Editable Word version also available at: <http://scrwocn.org/about.htm>

SCR Regional Conference or WOCN National Conference Grant

- Applicant must be a member of the WOCN and have designated the SCR as the region of choice
- Has not received scholarship/grant from the SCR WOCN in the last 3 years
- All applicants must be serving or have served on one of the region committees within the last 12 months—**Communications, Conference Planning, Nominations, Public Relations or Scholarships**

SCR Grant Application for Conference: Regional or National

Name: _____ Date of application submission: _____

Address: _____

Phone: Cell _____ Home: _____

Email: _____ Email: _____

WOCN Member #: _____

Employer: _____ Supervisor: _____

Title & Practice Setting: _____

Work Phone: _____

Which SCR committee have you participated on? _____

Scholarship Event funding request:

SCR Regional Conference _____

National WOCN Conference _____

Signature _____

A letter of committee participation must be completed and signed by the committee chair. Form located at http://scrwocn.org/forms_aps.htm

You are required to submit a copy of your receipt for conference. Scholarships will be presented after the SCR Council has received verification of attendance.