



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>

WOC Certification Examination or Professional Growth Point 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 Scholarship**

*****Grant monies will be awarded the following year after serving on the committee**

SCR Grant application for WOC Certification or Recertification

Name: _____ Date of application submission: _____

Address: _____

Phone: Cell _____ Home: _____

Email: _____ Email: _____

WOCN Member #: _____

Employer: _____

Title & Practice Setting: _____

Work Phone: _____

Which SCR committee have you participated on? _____

Please indicate the number of specialties which you are certifying/recertifying for:

One Specialty: _____ Three Specialties: _____

Two Specialties: _____ Four Specialties: _____

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 of payment and your new certification award.

Scholarships will be presented after the SCR Council has received verification that you have successfully passed the certification process (exam(s) or PGP).