



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 Nursing Educational Program

Beverly G. Hampton Scholarship

This fund was created to assist a WOC student from the South Central Region enrolled in a WOCN Education Program. It is preferred that the student be enrolled in a program within the SCR, if none is available then the fund will be available for other WOCN educational programs. Two scholarships of \$1500 will be available yearly and chosen by the SCR Scholarship Committee.

- Applicant must be a member of the WOCN and have designated the SCR as the region of choice
- Has not received scholarship awards from the SCR WOCN in the last 3 years
- Provides 3 letters of recommendation: at least 1 from a certified WOC nurse, 1 from a professional colleague or supervisor
- Provides proof of one of the following:
 - Acceptance in a WOCN-accredited WOCNEP
 - Current enrollment in a WOCN-accredited WOCNEP
 - Certificate of completion from a WOCN-accredited WOCNEP within 3-6 months of graduation

SCR Scholarship Application for WOCN Education Program

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 _____

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

The candidate will be expected to submit a summation of the experience to the President of South Central Region WOCN for publication in the WOC News and/or SCR website eNews. Award will be given after successful completion of the program and all papers have been received by the SCR Council.