

SGNA Membership Dues Scholarship Application

SGNA Membership Dues Scholarships have been established to financially assist SGNA members

What is the Membership Dues Scholarship?

SGNA Membership Dues Scholarships have been established to financially assist SGNA members with their annual membership dues. Grants of \$90 will be awarded each spring to those members who meet the established criteria. The scholarship does not cover the cost of SGNA Regional dues. The number of grants awarded will depend upon funds available.

Applicants are asked to respond to questions that reflect their commitment and participation in SGNA. All information submitted should apply January to December of the past year.

Eligibility:

You are eligible for a SGNA Membership Dues Scholarship if:

1. You have previously been a member of SGNA for two or more years.
2. You must currently be employed as a caregiver in the field of gastroenterology.
3. You must actively support the goals and philosophy of SGNA.
4. You must demonstrate financial need.

You are ineligible if:

1. You have previously received a Membership Dues Scholarship from SGNA.
2. You are a member of the SGNA Board of Directors.

Guidelines for Completion:

Any individual interested in applying for this scholarship must complete the application and return it to SGNA Headquarters by **October 1st**. Applicants are asked to respond to questions that reflect their commitment and participation in SGNA. All information submitted should apply January to December of the past year.

SGNA Membership Dues Scholarship Application

Type or print the information requested below

Name and Credentials:

Home address:

City: _____ State: _____ Zip: _____

Employer:

Employer's Address:

Provide the name and phone number of your immediate supervisor below:

May we contact him/her for information if needed? Yes () No ()

Membership:

1a. How long have you been a member of SGNA? _____

1b. Name and number of your Regional Society: _____

1c. Date you last renewed your membership: _____

1d. Nurses: Are you currently certified by ABCGN?

Yes () No ()

Associates: Have you completed the SGNA Associates program?

Yes () No ()

1. Briefly explain your professional goals in gastroenterology for this upcoming year.

2. Please explain your need for this scholarship.

Applications must be received by October 1st
Complete this form and return to: SGNA Awards Committee, 401 N. Michigan
Avenue, Suite 2200, Chicago ,IL 60611-4267

**I understand that, if I receive an SGNA Membership Scholarship I am
required to submit an additional form with my renewal to illustrate my
acceptance of this award.**

Signature _____