

## **SGNA Novice Nurse/Associate Scholarships**

What is the SGNA Novice Nurse/Associate Scholarship?

The SGNA Novice Nurse/Associate scholarship has been established to financially assist newer SGNA members (less than two years of membership) with attendance at their first SGNA Annual Course. The scholarship is geared towards people who are new to the GI/Endoscopy field to give them a chance to experience the Annual Course and all it has to offer. Grants of \$500 will be awarded each spring to those members who meet the established criteria. The number of grants awarded will depend upon funds available.

Applicants are asked to respond to all questions and responses should reflect their interest and reasons for wanting to attend the Annual Course. Applicants who apply should be available to attend the Annual Course that year. **All information submitted should apply January to December of the past year.**

### **Eligibility:**

You may be eligible for the SGNA Novice Nurse/Associate Scholarship if:

1. You have been a member of SGNA less than two years (must have joined SGNA after January 1 two years prior to application date, i.e., between 1/1/2003 and 12/31/2004 to be eligible for the award for the 2005 Annual Course).
2. You must currently be employed as a caregiver in gastroenterology and be relatively new to the field, with a preference given to those with less than two years experience.
3. You must actively support the goals and philosophy of SGNA.

### **You are ineligible if:**

1. You have previously received a scholarship from SGNA.
2. You have attended an SGNA Annual Course in the past.
3. You are a member of the SGNA Board of Directors.

### **Guidelines for Completion**

Any individual interested in applying for this educational scholarship must complete the application and return by **March 1<sup>st</sup>**.

## **SGNA Novice Nurse/Associate Scholarship Application**

**All information is due to SGNA Headquarters no later than January 15. Applicants will be informed of the Committee's decision in March.**

**Please submit to:  
SGNA Awards Committee  
401 N. Michigan Avenue, Suite 2200  
Chicago, IL 60611-4267**

Type or clearly 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:

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

1. Membership:

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

1b. Name and number of your Regional Society \_\_\_\_\_

2. When did you begin working in a GI/Endoscopy facility? \_\_\_\_\_

3. List any SGNA-related (regional/local) activities you attended in the past two years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you served as an officer or on a committee for your regional or local SGNA? Please list.

\_\_\_\_\_

5. Essay: In 300 words or less (typed and double-spaced), explain why you want to go to the Annual Course and how you will share your experience with others.

6. References: Please submit two references from a supervisor, certified nurse, or physician with whom you work on a regular basis.

I understand that, if I receive an SGNA Novice Nurse/Associate Scholarship I am required to apply funds received toward expenses related to attending this annual course. I agree to complete a questionnaire of this scholarship program and return it within 30 days following the completion of the course (Questionnaire to be mailed after check has been issued). I agree to return to the SGNA any unused portion of the scholarship.

Signature\_\_\_\_\_