

Deborah Norzagary Memorial Leadership Scholarship

PURPOSE: The purpose of the Deborah Norzagary Leadership Scholarship is to honor the memory of Deborah Norzagary. Deborah was a long time member of the Tucson Affiliate of the Wound, Ostomy and Continence Society. She valued the importance of life long learning. She was an active leader of the TWOCN volunteering annually for the TWOCN Education Conference. One of her most significant legacies left to the TWOCN was the development of the “It takes a Year to Plan a Conference” that is still used today as a guide to planning.

FINANCIAL ASSISTANCE is based on active involvement in the TWOCN and leadership/mentoring roles in the Tucson Community.

SCHOLARSHIP AWARDS

- The TWOCN will award a maximum of four scholarships annually of up to \$250.00 each for attendance at a SAWC/WOCN National Conference.
- A point system will be used by the Scholarship Committee to determine Scholarship Recipients. In the event of a tie, the applicant who has not received Scholarship Funds in the past will be awarded the scholarship. Points will be awarded according to:
 - Longevity as a Registered Nurse
 - Longevity with TWOCN
 - Participation in TWOCN Activities within last 3 years (regular monthly meeting exempt)
 - Chairperson
 - Committee Member
 - Community TWOCN Representation
 - Community Involvement

The Deborah Norzagary Leadership Scholarships are awarded without regard to race, color, ethnicity, or sexual orientation. Scholarships awarded are based upon the availability of funds and additional qualifying criteria.

CRITERIA

1. Applicants must be members, in good standing, of the Wound, Ostomy and Continence Nurses Society, Tucson Affiliate.

Scholarship application will be accepted as soon as you are committed to attending. This will allow the opportunity take the financial benefits of “early registration.” Please allow the scholarship committee at least 2 weeks to respond to your request. Scholarship recipient must supply a copy of your CEU certificate within 2 weeks of his/her return from the conference.

Deborah Norzagary Memorial Leadership Scholarship Application

1. Name: _____
Address: _____
City/State/Zip Code: _____
Phone: Home _____ Work _____
Email Address: _____
2. I will be attending the following SAWC/WOCN Conference:
3. Conference Dates:
4. Conference Location:
5. Conference Expenses:
Registration \$ _____
Transportation \$ _____
Lodging \$ _____
6. Have you been awarded any other scholarships/grants? Yes No
If yes, what amount was awarded? _____
If yes, please specify source of scholarship _____
7. Are you eligible for any tuition reimbursement? Yes No
If yes, list amount _____
8. Will you continue to have wages paid while away from work other than paid time off? Yes No
9. Are you a member of the TWOCN?
10. How long have you been a member?
11. List any continuing education courses or programs completed in the last 2 years related to wounds, ostomies or continence.
12. Have you received this scholarship within the last 3 years? _____
13. How have you specifically contributed to the activities/mission of the TWOCN?
(Does not include attendance at monthly meetings.)

14. If you are awarded this scholarship, and have not been active in the TWOCN, are you willing to serve on a subcommittee of the TWOCN?
15. What subcommittee are you interested in?
16. Would you be willing to present to the TWOCN membership highlights of the conference you attended?

I hereby certify that this is a true and accurate representation of data

Signature _____

Date _____

SCHOLARSHIP AGREEMENT FORM

I, _____ hereby agree to the bylaws established by the Tucson Affiliate of the WOCN Chapter. In the event I am unable to attend the SAWC/WOCN Conference referenced above, all monies heretofore accepted by me will be forfeited and returned to the Tucson Affiliate of the WOCN Treasurer not later than the next scheduled TWOCN monthly meeting.

Signature _____

Date _____