

PATRICIA MCDONALD MEMORIAL EDUCATION SCHOLARSHIP

PURPOSE: The purpose of the Patricia McDonald Memorial Education Scholarship is to honor the memory of Patricia McDonald.

Because of the growing need for WOC nurses throughout Tucson and Southern Arizona, as well as a strong belief in the continued growth and success of WOC nursing, the Tucson Affiliate of the WOCN is offering scholarships to deserving individuals who are furthering their nursing career in the field of wound, ostomy and/or continence. These scholarships are made possible primarily through the efforts of the Tucson Affiliate of the WOCN, which conducts educational seminars within the community and surrounding area.

Tucson Affiliate of the WOCN Mission Statement

The Tucson Affiliate of the WOCN Society is a professional nursing group supporting its members by promoting educational, clinical, and research opportunities to advance the practice and guide the delivery of expert care to individuals in the Tucson and surrounding Southern Arizona areas with wounds, ostomies, and incontinence.

National WOCN Philosophy

The WOCN believes that nursing as a profession enhances health care services to a multifaceted society and includes prevention, health maintenance, therapeutic intervention and rehabilitation. WOC Nursing is an area of specialty practice within the framework of nursing that strives to advance the health care and quality of life of all affected individuals.

By the process of accreditation, the WOCN promotes high standards of education and requires a baccalaureate degree with a nursing major or an equivalent as the entry level for WOC Nursing Education Programs and for specialty education programs in wound, ostomy and continence management.

Scholarships are awarded to deserving individuals committed to working within the wound, ostomy and continence nursing specialty. Applicants agree to support the WOCN Society philosophy and scope of practice. The WOCN Society does not discriminate among applicants on the basis of age, gender, race, religion, national origin, disability, sexual orientation or marital status.

Criteria for WOCN Scholarship

1. Must have a BSN, Master's, Doctoral Degree, Nurse Practitioner Certificate or meet the WOCNEP educational requirements.
2. Proof of current unrestricted RN License.
3. Applicants must be members, in good standing, of the Tucson Affiliate of the WOCN by becoming a member of the national WOCN.
4. Submit proof of acceptance into an approved WOCN Society
5. Proof of current employment as RN/BSN during the last 2 years
6. Reside and practice in Southern Arizona.

Criteria for WTA Scholarship

1. Proof of current unrestricted LPN/LVN or RN License
2. Applicants must be members, in good standing, of the Tucson Affiliate of the WOCN by becoming a member of the national WOCN.
3. Submit proof of registration into a WOCN Society's WTA Program
4. Proof of current employment as an LPN/LVN or RN during the last 2 years
5. Reside and practice in Southern Arizona

Application is to be submitted to the Scholarship Committee of the Tucson Affiliate of the WOCN.

SCHOLARSHIP AWARDS

The TWOCN has budgeted \$1000/year scholarship reimbursement for WOCN Scholarship reimbursement and \$1000/year for WTA Scholarship reimbursement. The WOCN scholarship reimbursement will be no greater than \$500.00 per person. The WTA scholarship reimbursements will be no greater than \$250.00 per person. The scholarship amount will be determined by several factors such as other scholarships, grants, or reimbursements. The total education scholarships awarded annually will not exceed \$2000. Allocation of funds may be used/divided between WOCN and WTA applicants as decided by the Scholarship Committee. The Patricia McDonald Memorial Education 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. At no time will the scholarship be awarded for personal profit of the recipient. The Scholarship Committee will convene as needed to review applications. Year is defined as January through December or calendar year.

Patricia McDonald Memorial Education Scholarship Application

APPLICATION FORM

1. Name: _____

Address: _____

City/State/Zip Code: _____

Phone: Home _____ Work _____

Email Address: _____

2. WOC/WTA Educational Program in which you are enrolled:

Anticipated date of completion _____

3. Content of WOC Education Program from which you will graduate (circle the content that applies):

Wound Ostomy
Contenance

4. Are you a member of the TWOCN ?

5. How long have you been a member?

6. List any continuing education courses or programs completed in the last 2 years related to wounds, ostomies or continence.

7. Please share with us why you have decided to pursue your WOCN/WTA education?

8. 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?

9. What subcommittee are you interested in?

10. Have you been awarded any other scholarships/grants? Yes No
If yes, what amount was awarded? _____
If yes, please specify source of scholarship _____

11. Are you eligible for any tuition reimbursement? Yes No
If yes, list amount. _____

12. Will you continue to have wages paid while away from work other than paid time off?
Yes No

13. What are your educational program costs and reimbursements?

Costs	Reimbursements
Airfare _____	Airfare _____
Room/ Lodging _____	Room/ Lodging _____
Mileage* _____	Mileage* _____
Tuition _____	Tuition _____
Books _____	Books _____
Meals** _____	Meals _____
Proctor/Preceptor _____	Proctor/Preceptor _____
Parking _____	Parking _____
Other (list) _____	Other (list) _____
Total	Total

*calculate using current federal mileage rate

**while living away from home-not to exceed \$20/day

8. What is your practice setting? (Circle all that apply.)

Acute Care Home Care Outpatient Clinic

Long Term Care Industry Other

9. After completion of the WOC/WTA Educational Program, will your primary practice responsibilities be within the scope of WOC/WTA nursing? Yes No

Explain _____

10. Please include two letters of recommendation.

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 complete my planned WOCN educational program within 18 months or WTA program within 3 months of receipt of scholarship, all monies heretofore accepted by me will be forfeited and returned to the Tucson Affiliate of the WOCN Treasurer.

Signature _____

Date _____