



TWOCN MEMBERSHIP DRIVE SCHOLARSHIP APPLICATION 2021

Board members

Fran Ramirez, President | Denise Ferrell, President-Elect | Tonda Franklin, Secretary | Mario Lluria, Treasurer

Mission

The Tucson Affiliate of the WOCN® Society's mission is to share our expertise with medical professionals and to support the development of the CWOCN®. Our goals are to sponsor educational opportunities, organize events in the community, and research the latest trends in clinical best practices.

Vision

The affiliate strives toward excellence in the provision of ongoing professional education and development for affiliate members and allied health care professionals. This will provide high standards of nursing care for patients with wounds, ostomies and/or continence issues.

Core Values

Integrity
Leadership
Knowledge

Strategic Drivers and Goals

Membership and Engagement
Education
Research
Public Policy and Advocacy

Purpose

The purpose of the Tucson Affiliate of the WOCN® Membership Drive Scholarship is to grow our membership within the affiliate. 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 through the efforts of the Tucson Affiliate of the WOCN®, which conducts educational seminars within the community and surrounding area.

The Tucson Affiliate WOCN® works diligently to support and grow its membership. The TWOCN will award a maximum of ten scholarships in 2021 of up to \$130.00 each for annual WOCN Registration. As part of the agreement upon being awarded a scholarship to cover membership dues for the Wound, Ostomy, and Continence Nurses Society™ and the awardee will be required to join a committee within the Tucson Affiliate. The following are the available committees to join, conference planning, membership and marketing, education, and scholarships.

All applications will be reviewed but the Tucson Affiliate of the WOCN® Board Members. The Membership Drive 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.

1.	Last Name:	First Name:
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2.	Mailing Address: Street: City: _____ State: _____ Zip: _____
3.	Daytime Telephone Number: Email Address:
4.	Healthcare facility you work for:
5.	A. List your motivation to apply for membership with the WOCN Society: (Use a separate sheet if necessary.) . B. List your hobbies, outside interests, extracurricular activities and volunteer activities: (Use a separate sheet if necessary.) C. List your work activities: (Use a separate sheet if necessary.)
6.	How did you find out about this scholarship?
6.	Committee to join if this scholarship is awarded to you:

STATEMENT OF ACCURACY FOR APPLICANTS

I hereby affirm that all the information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship recipient that my picture may be taken and used to promote the Tucson Affiliate of the WOCN® Scholarship program. (Recipient may waive photo due to unusual or compelling circumstances.)

I hereby understand that I will not submit this application without all required supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Applicant Signature

Date

Please send complete application to:
Fran Ramirez
email: franaschmidt@gmail.com