

ODSGNA may award two (2) scholarships for each of the following meetings and certification.

Any Old Dominion SGNA member interested in applying for this educational scholarship must complete the application and email directly to Irene Rader, ODSGNA President at irenerader55@gmail.com. **We will not honor any application unless emailed directly to Charlotte.** The recipients of the scholarships are **required** to submit an article for the newsletter relating to their experience at the meeting and how they plan to use that information.

- SGNA National Annual Course in the spring: Scholarship is for the **Basic Early Registration ONLY**. The application for the National meeting needs to be received **sixty (60)** days prior to the meeting so that the early rate may be applied. If after that date, you will receive the earlyrate **only**.
- DelMarVa SGNA conference in the spring: Applications need to be submitted **thirty (30)** days prior to the meeting.
- ACG/ VGS/ODSGNA meeting in September: Applications need to be submitted **thirty (30)** days prior to the meeting.
- CGRN certification examination: This scholarship is for the (\$) dollar amount (**early registration fee**) to take the examination. **Reimbursement will be for successful completion ONLY**.
- Certified Flexible Endoscopy Reprocessor (CFER): Techs may be awarded scholarships for successfully completing a certification in GI Scope Reprocessing.
- SGNA/ODSGNA membership dues: **One (1)** may be awarded peryear.

Eligibility:

You may be eligible for an Old SGNA Scholarship if:

1. You have been a member of SGNA for two or more years (as of January 1st , of this year).
Please note that one (1) scholarship is allowed per person in a two (2) year period.
2. You must currently be employed as a caregiver in gastroenterology.
3. You must actively support the goals and philosophy of SGNA.

Old Dominion SGNA Scholarship Application

Please complete this form and email to Irene Rader, ODSGNA President, at irenerader55@gmail.com.

Name and Credentials: _____

Number of years you have worked in GI/ Endoscopy? _____

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:

How long have you been a member of SGNA? _____

Date you renewed your membership _____

Are you currently certified by ABCGN? () yes () no _____

SGNA/Regional Involvement:

Did you attend last year's Annual Course? () yes () no

Did you attend any regional educational course(s) last year? () yes () no

Are you involved in any National SGNA or ABCGN committees? If so which one?

Have you written an article for the SGNA News or your regional newsletter?

Explain briefly any other contributions to SGNA and your regional society during the past year.

Activities within hospital and Community:

Participation in other nursing organizations:

Participation within local, state, and federal government on behalf of nursing and health care issues:

Briefly explain your goals for this scholarship:
