

**This is the Chicago SGNA Certification Scholarship application which offers financial assistance (\$300) to CSGNA members to take the CBGNA Certification Exam or for recertification.**

**Application Deadline: April 3, 2009**

**Criteria/Rules:**

1. You must be an active/current member of the CSGNA.
2. You must be eligible to sit for the exam on May 16<sup>th</sup>, 2009.
3. You must not have won this scholarship within the last three years.
4. The scholarship is reimbursed by the CSGNA Scholarship/Awards funds.
5. A point system is used to determine the scholarship winners.
6. If there is a tie between winning members, each person will write a brief statement on how attending the conference will impact his/her educational opportunities.
7. If a member wins a scholarship and is then unable to attend, he/she must surrender the (non-transferable) scholarship back to CSGNA.
8. The member with the next highest score will receive the scholarship.
9. The recipient of the scholarship must pay in advance then submit proof of registration and payment, and the test results (receipts) to the CSGNA treasurer, for reimbursement of up to \$300, after taking the test.
10. Any recipient being sponsored or reimbursed by another source will be deemed ineligible to receive CSGNA funds.
11. Please indicate if you have taken the test before and whether you would join a committee this year. This will be taken into account when evaluating.
12. Applicants will be asked to respond to questions that reflect their commitment to their professional growth and their financial need.

**Please send to:**

Maggie Stenson, RN, CGRN  
7604A Irving Park RD  
Norridge, Illinois 60706

## CSGNA Certification Scholarship Application

*(Use the back of this form to another sheet of paper if you need more space.)*

**Personal information:**

First Name

Middle Initial

Last Name

Title

*(check all that apply)* \_\_\_RN \_\_\_BSN \_\_\_MSN \_\_\_LPN \_\_\_TECH

Street Address

Address (cont.)

City

State  
Zip/Postal Code  
Home Phone  
Home FAX  
E-mail

**Employer information:**

Organization  
Street Address  
Address (cont.)  
City  
State  
Zip/Postal Code  
Immediate Supervisor  
Title  
Work Phone  
Work FAX  
E-mail

Have you received a Chicago SGNA Certification Scholarship within the last 3 years?

\_\_\_ Yes \_\_\_ No

Are you receiving any financial aid from your employer or other sources? \_\_\_ Yes \_\_\_ No

If yes, please explain:

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

Date of initial membership: \_\_\_\_\_

What professional goals may be attained when you become certified in GI?

Please indicate any demonstrations of Commitment and Leadership roles in the workplace as well as any community commitments to CSGNA/National:

- Program Committee
- Membership Committee
- Bylaws, Policies and Procedures Committee
- CSGNA Regional Officer
- National Officer or National Committee
- Newsletter
- Marketing
- Planning Committee for Multi-Regional Courses
- Hosted a Regional Meeting
- Assisted Host of a Regional Meeting

Please enter other community commitments below:

Have you ever been a speaker at a Multi-Regional Conference?  Yes  No

If yes, what year? \_\_\_\_\_

Have you ever been a speaker at a Regional Meeting?  Yes  No

If yes, what year? \_\_\_\_\_

Have you ever been a speaker at a Spring or Fall Course?  Yes  No

If yes, what year? \_\_\_\_\_

I have attended \_\_\_\_\_ Regional Meetings within the past 3 years.

I have attended \_\_\_\_\_ Multi-Regional Meetings within the past 3 years.

I have attended \_\_\_\_\_ Spring or Fall Courses within the past 3 years.

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