

**This is the application for the Chicago SGNA National Scholarship to offer financial assistance (\$1200) to CSGNA members attending the annual SGNA Educational Course.**

**Deadline: March 1, 2010**

**Criteria/Rules:**

1. You must be an active/current member of the CSGNA.
2. You must be able to travel to Orlando, Florida the week of April 30-May 5, 2010.
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 (receipts) to the CSGNA treasurer, for reimbursement of up to \$1200, after attending the conference.
10. Any recipient being sponsored or reimbursed by another source will be deemed ineligible to receive CSGNA funds.
11. Please indicate if you have never attended a National meeting 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.

**Instructions:**

Please fill out this form, click **Submit** and an email containing your application information will be sent to the appropriate board member. Or, if you wish, you may download the application in Microsoft Word format; fill it out, print and mail it to:

[Download Application](#)

Janet Fidanze, RN, CGRN  
1645 W. Ogden Ave Unit 635  
Chicago, IL 60612

## CSGNA National Scholarship Application

**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 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 if you attended this SGNA Educational Course?

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.

