

# ENCSGNA

## Application for Grant Money

The purpose of this form is to identify applicants as potential recipients for grant money. This form will need to be completed and returned to the current regional secretary on or before **December 20<sup>th</sup> of each year**. You will be notified by letter and/or phone by February of the requesting year if you have or have not been selected to receive grant money.  
***If grant money is not used, it will be returned to ENCSGNA.***

Name \_\_\_\_\_ Application Date: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (email)

Employer \_\_\_\_\_ Department \_\_\_\_\_ Current position \_\_\_\_\_

**I am requesting grant money for one of the following:**

*(Note: only one request per person will be granted per calendar year)*

- |  |  |
|--|--|
| <input type="checkbox"/> Attend Annual Course      | <input type="checkbox"/> Attend Annual Course with Certification |
| <input type="checkbox"/> Certification in the fall | <input type="checkbox"/> Tech on line certification              |
| <input type="checkbox"/> Recertification           | <input type="checkbox"/> Education for career advancement        |

**I am requesting \$** \_\_\_\_\_

**Complete the following:**

Question	Scoring	Total points
How long have you been a member of SGNA? <i>(Provide copy of membership card)</i>	member 1 point ____ 1-5 yrs 2 points ____ >5yrs 3 points ____	
Active participation in ENCSGNA in the last year. <i>(Provide copy of certificate(s))</i>	Attended Spring course 2 points ____ Attended Fall Course 2 points ____ Attended both Spring and Fall Course 5 points ____ Board Member 3 points ____ Committee Chair 2 points ____ Holds National SGNA position 5 points ____ Speaker at Regional Conference 3 points ____ Speaker at National Conference 5 points ____	
Have you received money from ENCSGNA in the past 5 years?	No 5 points ____ Yes 2 points ____	
Organized and planned ENCSGNA educational event <i>(Attach verification letter from event coordinator )</i>	Single Speaker event 5 points ____ Full day course 10 points ____	
Certified in GI (RN or Tech certification) <i>(provide copy of certificate)</i>	Yes 5 points ____ No 0 points ____	

Total Points \_\_\_\_\_

**FOR ENCSGNA USE ONLY**

Date postmarked \_\_\_\_\_ Date received \_\_\_\_\_ Granted money \_\_\_\_\_ Not granted \_\_\_\_\_