



# Georgia Society of Gastroenterology Nurses and Associates

## The Peggy Pritchard Scholarship Application

- Requirements:
- Applicant must currently work full or part time in GI
  - Must be a SGNA Member
  - Recipient will be eligible only once every 5 years
- Ineligibility:
- Receiving other financial aid for the GSGNA Fall Conference
  - Incomplete application

Name and Title \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

Phone (home or cell) \_\_\_\_\_ Work \_\_\_\_\_

Personal Email \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Division \_\_\_\_\_ Chairperson \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you ever received this scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when \_\_\_\_\_

Active SGNA Member? Yes \_\_\_\_\_ Member number \_\_\_\_\_

How long? \_\_\_\_\_ Date of initial membership \_\_\_\_\_

Currently GI Certified? Yes \_\_\_\_\_ Initial Certification \_\_\_\_\_

### **SGNA Involvement:**

Held office on National Level (SGNA) Office \_\_\_\_\_ Year \_\_\_\_\_

Held Office on Regional Level (GSGNA) Office \_\_\_\_\_ Year \_\_\_\_\_

Held Office on Divisional Level: Division Office \_\_\_\_\_ Year \_\_\_\_\_

Have you been a speaker on National Level (SGNA)?

Year \_\_\_\_\_ Topic \_\_\_\_\_

Have you been a speaker on Regional Level (GSGNA)?

Seminar \_\_\_\_\_ Year \_\_\_\_\_

Topic \_\_\_\_\_

Have you been a speaker on Divisional Level?

Seminar \_\_\_\_\_ Year \_\_\_\_\_

Topic \_\_\_\_\_

**Seminar Attendance:**

Attended SGNA National Conference? Year \_\_\_\_\_

Attended GSGNA Fall Conference? Year \_\_\_\_\_

Number of Divisional Meetings attended in the past year? \_\_\_\_\_

Number of Divisional Conferences Attended in the past year? \_\_\_\_\_

Number of GSGNA Fall Conference Attendances? \_\_\_\_\_

Please write a short paragraph about your goals for attending the Annual Fall Conference and why you should be considered for the scholarship.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_