



Georgia Society of Gastroenterology Nurses and Associates

The Ann Gabriel Memorial 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.

Signature of Applicant _____ Date _____