

**PNWSGNA Continuing Education Scholarship Program  
Application Form**

**Instructions for Application:**

1. Complete the following application form, printing legibly.
2. Attach a copy of the completed Course Brochure/Registration form, front and back.
3. Send completed application with attachments to the current PNWSGNA Scholarship Chair (contact information located on [www.pnwsгна.org](http://www.pnwsгна.org)).

**Contact Information**

Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Name of immediate Supervisor: \_\_\_\_\_

May we contact him/her for information if needed? Yes \_\_\_\_\_ No \_\_\_\_\_

How would you prefer that we contact you? Home \_\_\_\_\_ Work \_\_\_\_\_

**PNWSGNA Membership Information**

1. How long have you been a member of PNWSGNA? \_\_\_\_\_
2. How long have you worked in the field of gastroenterology: \_\_\_\_\_
3. Have you received a PNWSGNA Continuing Education Scholarship in the past?  
\_\_\_\_ Yes – list the years that you received the scholarship \_\_\_\_\_  
\_\_\_\_ No \_\_\_\_\_

**Program Information** (attach copy of both sides of brochure)

4. What is the title of the continuing education program you would like to attend?  
\_\_\_\_\_
5. Who is the Provider for the above program? \_\_\_\_\_
6. What is the date(s) of the program? \_\_\_\_\_
7. Where is the program being held (city & state) \_\_\_\_\_
8. How much is the Provider charging for registration? \_\_\_\_\_



