

**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).

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? _____

