

# PNWSGNA Fall Conference Scholarship Fund Application Form

### Instructions for Application:

1. Complete the following application form (please print legibly!).
2. Attach the following to completed application form:
3. Send completed application (with attachments, if applicable) to the current PNWSGNA Scholarship Chair (contact information located on [www.pnwsгна.org](http://www.pnwsгна.org)).

Contact Info	<p>Name: _____</p> <p>Credentials: _____</p> <p>Home Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Home Phone: _____</p> <p>E-Mail Address: _____</p> <p>Employer: _____</p> <p>Employer Address: _____</p> <p>Work phone: _____ Work FAX: _____</p> <p>Name of immediate Supervisor: _____</p> <p>May we contact him/her for information if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How would you prefer that we contact you? <input type="checkbox"/> Work <input type="checkbox"/> Home</p>
Membership Info	<p>1. How long have you been a member of PNWSGNA? _____</p> <p>2. How long have you worked in the field of gastroenterology? _____</p> <p>3. Have you received any PNWSGNA Scholarship within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. If the answer to (3) was yes, list which scholarship you received along with the year that you received it:</p> <p>Year: _____ Scholarship: _____</p> <p>Year: _____ Scholarship: _____</p> <p>Year: _____ Scholarship: _____</p>

