

**Scholarship Application: Nurse Educator
Wound Care Education Program
College of Nursing
Medical University of South Carolina**

INTRODUCTION

There is an increasing need for wound care nurses throughout the United States. The Wound Care Education Program of the College of Nursing at the Medical University of South Carolina is pleased to announce the availability of a \$500.00 scholarship for a nurse educator to attend the Wound Care Specialty Course in Charleston, SC. The program is accredited by the Wound, Ostomy, and Continence Nurses' Society. Graduates of the course are prepared to take the national board examination to become certified in wound care nursing. This scholarship is made available by a private donation and will be awarded to a qualified nurse educator who is interested in this specialty area of nursing and desires to improve nursing education for wound care.

PURPOSE OF THE SCHOLARSHIP AWARD

- Stimulate nurses' interest in the specialty practice of wound care
- Promote up-to-date knowledge of wound and skin care in nursing education
- Prepare a nurse educator to teach current wound and skin care practices

APPLICANT QUALIFICATIONS

- Current RN registration within USA
- Current Medical/Surgical Nursing experience/practice (within five years of application)
- Hold Master's in Nursing or Doctorate degree: Min GPA 3.0
- Current /active employment in Nursing Education for an RN Diploma program, ADN, BSN, MSN/ANP or higher and expects to continue to teach nursing
- Meets all admission criteria for acceptance into the Wound Care Education Program
- Priority consideration given for nurse educators employed in formal academic settings such as Universities, Colleges, Schools of Nursing RN Diploma program and has a nursing clinical practice outside the educational setting that provides regular, direct clinical contact with patients with wound care needs.

APPLICATION PROCESS

Submit four (4) identical, stapled sets of your application in the following order:
Typed applications are preferred. Handwritten applications must be legible and in Black ink.

Please enter a check to ensure that each item is included:

- ❖ _____ Scholarship application
- ❖ _____ Signed consent forms
- ❖ _____ Copies of first four pages of application from Wound Care Education Program
- ❖ _____ Copy of acceptance letter from Wound Care Education Program
- ❖ _____ Three current, original letters of professional recommendation

Deadline for application: Six weeks prior to first date of course for which applicant is applying or accepted. Check with the Program Director about availability of the Scholarship.

Completed application for the scholarship should be sent to:

Scholarship Committee, C/O Phyllis Bonham, PhD, RN, MSN, CWOCN
Director, Wound Care Education Program
MUSC College of Nursing
Office of Continuing Education
99 Jonathan Lucas Street
MSC 160
Charleston, SC 29425

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The Scholarship committee reviews all applications and determines eligibility. A written response can be expected approximately four to six weeks after the application is submitted. Funds will likely not be available prior to the applicant attending the course and applicants are responsible to pay all course fees on or before the first day of the course.

APPLICANT INFORMATION:

1. Name _____
Address _____

City _____ State _____ Zip _____
Phone: Home _____ Work _____
Email address: _____ Fax _____

2. Dates of course for which you have been accepted or are applying.
Start date: _____ End date _____

3. **Financial Need.** Write a brief statement explaining the need for financial assistance to attend the Wound Care Education Program. (Use additional space as needed).

4. **Personal Motivation.** Describe in detail your specific goals for attending the Wound Care Education Program. Explain specifically how you intend to incorporate wound and skin care into your educational/clinical role. Discuss how you can improve nursing practice in wound care through education (Use additional space if needed)

5. I am currently employed in teaching nursing at RN, ADN, BSN, MSN or higher level.
Please check the correct response: Yes _____ NO _____

6. I am employed as a nursing educator (please check correct response)
Full time _____ Part-Time _____

7. I plan to continue to actively teach nursing. Please check the correct response:
Yes _____ No _____

8. I have regular contact with patients in either my teaching role or clinical practice.
Yes _____ NO _____
If yes, indicate which role: Teaching _____ Clinical practice _____

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PLEASE SIGN THIS CONSENT FORM IN BOTH SECTIONS (A &B) FOR NAME RELEASE AND SCHOLARSHIP AGREEMENT. ALL INFORMATION WILL BE KEPT CONFIDENTIAL

A. CONSENT FOR NAME RELEASE

The Wound Care Education Program may use your name during the scholarship application process such as contacting the program director regarding your acceptance, sharing your application with other Scholarship Committee members for review and checking references to determine your eligibility.

I, _____, hereby give permission for the release of my name and address to determine my scholarship eligibility during the review process and in the event that I am awarded a scholarship, my name may appear in the College of Nursing newsletters, MUSC news releases, and WOCN publications.

B. SCHOLARSHIP AGREEMENT FORM

I _____, hereby agree that if I am unable to attend and/or complete the Wound Care Education Program of the College of Nursing at the Medical University of South Carolina beginning on _____ and ending on _____, I will forfeit and return all monies accepted by me for this scholarship award within 30 days of my withdrawal/dismissal to the Health Science Foundation at the Medical University of South Carolina C/O Phyllis Bonham, PhD, RN, MSN, CWOCN, Director, Wound Care Education Program, College of Nursing, Medical University of South Carolina, 99 Jonathan Lucas Street, MSC 160, Charleston, SC 29425.

Name: (print) _____
Signature: _____
Date: _____