



Sacramento Valley Wound, Ostomy, and Continence Practitioners Association (dba SacWOC) Nursing Education Program Scholarship Application

Preface

Our organization acknowledges the need for WOC nurses throughout the world and believes in promoting the growth and success of WOC nursing. It is our privilege to make possible partial scholarships to deserving individuals committed to working within the wound, ostomy, continence, and foot care nursing specialties. These scholarships have been created for **initial** WOCNCB certifications.

The funding for these scholarships is made available through multiple sources. The SacWOC annual educational program offers us the opportunity to support the endeavors of future WOC/foot care nurses. Additionally, through the generous donations from the families, we are able to offer two Annual Memorial Scholarships: The Zoe Mann Memorial Scholarship and The Peggy Donat-Rael Memorial (Ostomy) Scholarship.

The Zoe Mann Memorial Scholarship- \$1,000

Zoe knew she wanted to be a nurse from an early age, and practiced nursing for more than 50 years. She worked first as a nurse's aide while still in high school, then got married, became an LVN, and eventually went to school to get her RN while raising two children, graduating from Delta Community College at the age of 36. She received her BSN a few years later, then when her children were in college, went back to school herself to get her WOCN through MD Anderson in Texas. She was passionate about her career, and especially about her chosen specialty. She was always the first to offer help to anyone who needed it. She volunteered her time in ostomy support groups, WOCN, SacWOC, her grandchildren's anatomy and physiology high school classes, and her church community. She was a mentor to many in the community and a strong patient advocate. She passed away from pancreatic cancer in 2019.

This scholarship is open to nurses practicing in the WOCN field or those nurses who are working to specialize in WOCN. Special consideration will be given to applicants who demonstrate community service, or those who agree to assist with future SacWOC conferences in some capacity. Zoe always said more people needed to get involved to lighten the load.

The Family of Zoe Mann

The Peggy Donat-Rael Memorial Scholarship – \$1000

Peggy attended Marquette University where she obtained her Bachelor of Science in Nursing. While living in Atlanta, Peggy obtained her certification as an Enterstomal Therapy nurse (WOCN) specializing in wound and ostomy care. Obtaining this specialty was important to Peggy as she underwent ileostomy surgery in 1978 while living in Napa, CA. During her career, she cared for thousands of patients in the hospital and at home. She taught countless nursing students at Emory University, in Georgia, and here in Sacramento. She was the Vice-President of the Pacific Coast Region of the Wound Ostomy Continence Society, representing WOCN (ET nurses) across California. Peggy was also very active for many years, in the Local SacWOC WOCN group, providing leadership and guidance in the first education program in Wound Ostomy and Continence Care in the Sacramento Region in the 1990's. In 1998, Peggy purchased Professional Village Pharmacy in Sacramento with a partner. Because of her, Professional Village became the place to go for wound care or ostomy problems. To this day, people come to Professional Village to see if "Peggy the Nurse" is still around to help them. Peggy continued to work at the pharmacy until her Parkinson's prevented her from doing so.



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Because of Peggy's love for ostomy care and the patient, the recipient of this scholarship will be a person who is also interested in ostomy care, with the intentions of becoming a certified ostomy nurse through the WOCN Society.

The Family of Peggy Donat-Rael

Mission Statement

SacWOC is an informal, unaffiliated, non-profit gathering of wound, ostomy, continence, and foot care practitioners, both active and inactive, who meet bi-monthly, to:

- Provide peer support in their professional and personal lives
- Provide education and information to each other
- Mentor new wound, ostomy, continence, and foot care practitioners
- Educate the community in wound, ostomy continence and foot care issues
Strengthen the partnership between practitioners and the industry that supports their practice
- Inform Wound Ostomy and Continence Nurse Association (WOCN) members and others about local Pacific Coast Region (PCR) activities and opportunities for involvement
- Provide WOCN scholarship opportunities to the following students: Wound, Ostomy, Continence Foot Care, Wound Treatment Associates, and Ostomy Care Associates

This is accomplished by:

- Sharing experiences and expertise with each other
- Partnering with industry representatives, peers, and the medical community to provide in-service at meetings
- Conducting educational programs in varying formats and to varying target audiences in the community
- Receiving updates from the PCR liaison at the meetings.

Statement of Nondiscrimination Policy

The SVWOCPA does not discriminate among applicants on the basis of age, gender, race, religion, national origin, disability, sexual orientation or marital status.



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Eligibility Criteria

1. Applicant is seeking initial education in a WOCN accredited educational program for one more of the following: Wound, Ostomy, Continence, Foot Care, Wound Treatment Associate, and Ostomy Care Associate
2. Applicant has proof of one of the following:
 - a. Current enrollment in a WOCN accredited Wound, Ostomy, Continence, Foot Care Educational Program

OR

 - b. Proof of certification from WOCNCB (Wound, Ostomy, Continence, Foot Care) within the last 12 months
3. Applicant has proof of the following:
 - a. Proof of certification from WOCNCB (for WTA/OCA) within the last 12 months
4. Applicant is willing to enter into a collaborative agreement with SacWOC (see page 9)
5. Applicant with current certification from the WOCNCB, seeking additional new certifications must be actively employed or working as a volunteer in a WOCN capacity.
6. Scholarships are not meant for recertification purposes.

Check List and Instructions for Applicant:

- Complete application form and email to svwocpa@gmail.com
- Complete and sign Collaborative Agreement and Consent for Name Release form
- Copy of proof of current enrollment, certificate of completion, or WOCNCB Certification as applicable per eligibility criteria above.
- Two (2) letters of recommendation with contact information. Letters of recommendation can be written free hand or you may use the provided form. The letters of recommendations should be obtained from someone who is knowledgeable of the applicant's work ethics/abilities. Preference will be given to applicants with letters written by practicing or mentoring Certified Wound, Ostomy, Continence or Foot Care Nurses. The letters of recommendation cannot be written by any member of SacWOC scholarship committee for the year of the application.
- Please submit a recent photo of yourself which may be used on the SacWOC website.



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Application must be received by **August 15, 2022**. Only COMPLETE and TIMELY submitted applications will be reviewed. The applicants will be notified by **November 1, 2022**.

The scholarship awards from the SacWOC organization and the Memorial Scholarships will be awarded at the annual educational program.

Note: To ensure receipt of documents by the SVWOCPA, **email your application** with return receipt option checked. It is advisable that you keep a copy of your completed application and all required documents.

Scholarship Funding

This scholarship will help to support the following education:

Wound Ostomy Continence Foot & Nail WTA OCA

The initial 50% will be awarded with proof of acceptance in a WOCN program with the remainder to be paid following documentation of completion of the certification. The applicants that have successfully passed the initial certification examination within the past 12 months will receive the entire amount of the scholarship award.



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Application Form

Instructions: Complete the application electronically, leaving no unanswered questions. Please remember that incomplete applications will not be reviewed. Email the completed application to svwocpa@gmail.com or, if preferred please mail to SacWoc scholarship committee 16274 Annie Drive, Grass Valley Ca. 95949 All information will be kept confidential.

Applicant Information

Name:

Address:

City, State, ZIP:

Phone: Cell

Work

Email address

Professional Work Experience

(Begin with most recent)

Employer Name:

City, State

Dates of Employment:

Position Description:

Employer Name:

City, State

Dates of Employment:

Position Description:

Employer Name:

City, State



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Dates of Employment:

Position Description:



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Professional Plans and Goals

1. How do you imagine your primary care responsibilities changing on your completion of the program?
2. How do you plan to incorporate your education into your practice?
3. List continuing education you have taken related to WOC nursing before beginning your program.
4. Do you plan to use your education, outside of your employment?
Are there any community needs that would be well served by your expertise?
5. Provide specific reasons for wanting to continue your education in the specialties that you have chosen.
6. Write a statement of your long-term career goals.

I hereby certify that this is a true and accurate representation of data and my activities and accomplishments.

Signature

Date

Collaborative Agreement and Consent for Name Release

Must be mailed to the following address

If chosen to receive this scholarship, I agree to attend the SacWOC organization meetings. I agree to actively participate in activities, mentoring opportunities, and learning opportunities for at least 2 years after certification.

If chosen to receive this scholarship, I give permission to the SacWOC organization to disclose my name as the recipient of this scholarship on any and all organizational documents or reports, online or in print.

Signed: _____ Date: _____

Printed Name: _____



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SacWOC letter of reference for scholarship application

How long have you known the applicant?

What is your relationship?

What personal, ethical, and or academic qualities does the applicant possess that will make them a good fit for this scholarship?

Optional-Please provide any additional information regarding the applicant that you believe would be helpful to us in making our decision.

May we contact you if we need further information?

Contact Information: