

South Carolina Wound Care Nurse Scholarship Application
Wound Care Education Program
Medical University of South Carolina, College of Nursing

SOUTH CAROLINA WOUND CARE NURSE SCHOLARSHIP APPLICATION

Overview

There is an increasing need for wound care nurses throughout the United States. The Wound Care Education Program at the Medical University of South Carolina, College of Nursing is pleased to announce the availability of a scholarship of \$4300.00 for a registered nurse in South Carolina (i.e., practicing and residing in SC) to attend the Wound Care Specialty Course in Charleston, SC. This wound program is accredited by the Wound, Ostomy and Continence Nurses Society (WOCN). Graduates of the course are prepared to take the national board examination offered by the Wound, Ostomy Continence Nursing Certification Board (WOCNCB) to become certified wound care nurses (CWCN). This scholarship is made available by a private donor and will be awarded to a qualified registered nurse who is involved in delivering direct, hands-on, clinical patient care who is interested in specialty nursing; has a strong desire to improve nursing practice for patients with wound care needs, and is self-paying the course expenses. Currently one scholarship is available per calendar year. ***Please check with the Wound Care Education Program Director regarding availability of the Scholarship and any deadline for application.***

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 practice
- Prepare a South Carolina nurse in current evidenced-based wound and skin care practices
- Enhance availability of wound care specialty nurse services in South Carolina

Applicant Qualifications

- Meets all admission criteria and accepted into the MUSC Wound Care Specialty Course
- Holds current RN licensure in South Carolina
- Currently employed and residing in South Carolina for one year prior to the application
- Minimum 3 years Medical/Surgical Nursing that involves direct, hands-on, clinical experiences/practice (within five years of application)
- Holds minimum of a BS Degree
- Minimum GPA 3.0 in BS educational program
- Documents responsibility for self-pay of the course's expenses/fees
- Documents financial need
- Current employment for a minimum of one year in direct, hands-on, clinical nursing in SC
- Document commitment to *continue to practice in wound care nursing* (i.e., direct, hands-on clinical care with patients) in SC for a minimum of 1 year after completion of the program
- Evidence of employer commitment to full-time employment in SC of the nurse as a Wound Care Nurse for at least one year after completion of the program
- Provides three letters of professional reference for the scholarship (one from a current employer)

Note Regarding Qualifications

- Priority consideration is given for the following nurses: employed full-time, work in unserved/underserved areas of South Carolina, and/or employees of non-profit health care facilities/organizations.
- Scholarship recipients must successfully complete and graduate from the course or the financial award will be defaulted and must be repaid.

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Application Process

Submit four (4) identical, stapled sets of the scholarship application. Applications that are typed or completed by computer are preferred. Incomplete applications will not be considered or processed. Enter a checkmark to ensure that each item is included in the following order:

- ❖ _____ Scholarship application for MUSC Wound Care Specialty Course (form enclosed)
- ❖ _____ Copies of the first four pages of the application for admission to the MUSC, College of Nursing, Wound Care Specialty Course
- ❖ _____ Copy of the acceptance letter for admission to the MUSC, College of Nursing Wound Care Specialty Course
- ❖ _____ Three current, original letters of professional recommendation for the scholarship
- ❖ _____ Letter from current employer in SC indicating commitment to employ applicant in a full-time position as a Wound Care Nurse for at least one year upon satisfactory completion of the course
- ❖ _____ Signed Consent/Scholarship Agreement of Terms Form (form enclosed)

Send the Completed Scholarship Application to

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

Review of Application

After the Program Director insures that the application is complete and meets eligibility requirements, the Scholarship Review committee will review all applications and determine any award. A written response to the recipient of the scholarship award can be expected approximately four to six weeks after the application deadline. Scholarship applicants must keep in mind that the scholarship funds are processed by MUSC's Foundation. The scholarship award is sent directly to the recipient and will not always be provided prior to the start of the course. Participants are responsible to pay all course fees on or before the first day of the course, irrespective of the scholarship award.

Contact for Questions?

Phyllis Bonham, PhD, MSN, RN, CWOCN, DPNAP
Associate Professor
Director, Wound Care Education Program
MUSC, College of Nursing
99 Jonathan Lucas Street
MSC 160
Charleston, SC 29425
Phone: 843-792-4630 or 2651
Fax: 843-792-3680
Email: bonhamp@musc.edu

OR

Carol Whelan, Administrative Assistant
Email: whelanc@musc.edu; Phone: 843-792-2651; Fax: 843-792-3680

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CONSENT/SCHOLARSHIP TERMS OF AGREEMENT FORM

DIRECTIONS: SIGN AND HAVE WITNESSED THIS CONSENT/SCHOLARSHIP AGREEMENT OF TERMS FORM (Parts A & B) FOR NAME RELEASE AND SCHOLARSHIP AGREEMENT OF TERMS. ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Part A. CONSENT FOR NAME RELEASE

The Wound Care Education Program may use your name during the scholarship application process such as contacts by the Program Director regarding your acceptance, checking references to determine your eligibility, and sharing your application with the Scholarship Review Committee members.

I, _____ have read the above statement and 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, I acknowledge and agree that my name may appear in the Medical University of South Carolina, College of Nursing newsletters, MUSC news releases, and Wound, Ostomy Continence Nursing Society (WOCN) publications.

Part B. SCHOLARSHIP AGREEMENT TERMS

I, _____ hereby acknowledge and agree that if I am unable to attend and/or satisfactorily complete the Wound Care Specialty Course at the Medical University of South Carolina, College of Nursing 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/failure in the course to the MUSC Foundation by sending the funds to: C/O Phyllis Bonham, PhD, MSN, RN, CWOCN, DPNAP, Director, Wound Care Education Program, Medical University of South Carolina, College of Nursing, 99 Jonathan Lucas Street, MSC 160, Charleston, SC 29425.**

SCHOLARSHIP APPLICANT

Name: (print) _____

Signature: _____

Date: _____

WITNESS (non relative):

Name: (print) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Signature: _____

Date: _____