

**MnSGNA
Certification and Re-Certification
Grant Fund**



MnSGNA
Certification and Re-certification
Grant Application

General Information

Name _____
Last First Middle Initial

Type of Grant _____
Certification CGRN CGN
Re-certification CGRN CGN

Mailing Address _____
Street Apt. Number

City _____ State _____ Zip Code _____
 Home Phone (_____) OK to call? Yes No

Work Phone (_____) OK to call? Yes No

Return this form with your completed application. (OK to use the back of this form or additional sheet to complete questions)

Applicants are asked to respond to questions that reflect their commitment to professional growth and challenge through the process of certification.

How many years have you been actively working in the field of Gastroenterology? Define the number of years of full time and part time _____

Explain briefly why you are pursuing certification/re-certification _____

Describe briefly your participation in MnSGNA as an organization over the past 2-3 years _____

Describe briefly your role in any professional activities or accomplishments that have changed, improved or affected the delivery of healthcare in your particular setting _____

Explain why you are seeking financial support _____

Are you receiving any financial aid from your employer or other source? If yes, please explain _____

Please remember all information provided in this application is considered confidential and has been processed in an anonymous manner and will be used for selection of the grant recipients only.

Review's Initials _____ Date _____
 Review's Initials _____ Date _____
 Review's Initials _____ Date _____

- Instructions:**
- Requirements:** The candidates must be currently working in the field of Gastroenterology and have an interest in and be committed to Gastroenterology nursing.
 - All parts of the application must be typed or neatly printed. The Grant Review Committee has access only to the application form. It will be processed in an anonymous manner and the committee will not have access to names. Points will be deducted for incomplete applications.
 - The grant may be applied toward first-time exam registration, re-certification by exam or contact hours. In the event that a recipient is unable to take the exam in the current year, the next runner up will be awarded the grant.
 - There is no limit to the number of times that a person may apply for or receive a grant.
 - Deadline for the exam is December 15th for the Spring certification or by May 15th for the Fall certification. Submit the application to: (Current treasurer)**
 - All applicants will be notified by mail by MnSGNA Grant Review Committee of their status regarding this grant by February 15th and July 15th respectively.
 - Recipients of the grant awards will remain confidential respecting the individual's right to privacy.