2018 Scholarship Application

ABWM Foundation, 1800 M Street NW, Suite 400 South, Washington, DC 20036
Fax: 202-530-0659, info@abwmfoundation.org

Scholarship for ABWM Certification

- The ABWM Foundation will award up to 10 scholarships per year to support the advancement of wound care through wound certification.
- Applications from all disciplines will be considered.
- Each scholarship will cover the cost of the candidate's initial examination fee for one of the following examinations offered by the American Board of Wound Management (ABWM):

  Certified Wound Care Associate® (CWCA®)

  Certified Wound Specialist® (CWS®)

  Certified Wound Specialist Physician® (CWSP®)

Qualifications for Scholarship Candidates

- Scholarships will be open to candidates meeting the eligibility criteria for certification set forth by the American Board of Wound Management. Eligibility criteria is available at: www.abwmcertified.org/abwm-certified/certification-eligibility/
- Scholarships will only be available to first-time candidates.
- Scholarships will not be available for retesting, rescheduling, or recertifying candidates.

Selection Criteria

The ABWM Foundation Board of Trustees will review all candidate applications and make a selection based on the candidate's financial need and commitment to wound care.

2018 Application Review Periods

- **Spring Review Period:** Applications must be submitted by March 23, 2018. Scholarships will be awarded late-April.
- **Fall Review Period:** Applications must be submitted by October 12, 2018. Scholarships will be awarded mid-November.

Required Documents

Please **INITIAL** each of the following documents below to acknowledge your submission as part of your completed application:

_____ Completed Scholarship Application.

_____ Candidate statement describing commitment to wound care, discussing long term career goals and aspirations in wound care (approximately one (1) typed page).

_____ Documentation of Financial Need (recent paystub, most recent W-2 or federal tax return, or a statement of need will be accepted). *Documentation of financial need and annual income will be used solely for the purposes of scholarship eligibility and will not be shared or used for any other purpose.*

Application Submission

Completed applications may be submitted by mail, fax or email. Incomplete applications will not be considered. Applications submitted by mail must have all documents in the same envelope. Applications submitted via email must include all attachments in the same email message.

Candidate Information

NOTE: Provide address and email that correspondence will be sent to:

_____
Full Name

_____
Credentials

_____
Organization or Employer

_____
Home Address

_____
Home Phone

_____
Mobile Phone

_____
Email

Board Certification Examination

Please indicate which certification examination you will pursue:

☐ **Certified Wound Care Associate® (CWCA®)**

☐ **Certified Wound Specialist® (CWS®)**

☐ **Certified Wound Specialist Physician® (CWSP®)**

Financial Information

Annual Household Income: $ _____

Total Number of Dependents (as listed on most recent federal tax return): _____

Have you been awarded any other wound care scholarships or grants?

☐ Yes *(If so, please describe in candidate statement)* ☐ No

Demographic Information

What is your current area of practice?

☐ BSN – Bachelor of Science Nursing
☐ CNA – Certified Nursing Assistant
☐ DO- Doctor of Osteopathy
☐ DPM – Doctor of Podiatric Medicine
☐ DVM – Doctor of Veterinary Medicine
☐ EDUC – Educator
☐ LPN – Licensed Practical Nurse or Licensed Vocational Nurse
☐ MD – Doctor of Medicine
☐ MEDTECH – Medical Technician or Assistant
☐ NP – Nurse Practitioner
☐ PA – Physician Assistant
☐ PT – Physical Therapist
☐ PTA – Physical Therapist Assistant
☐ RD – Registered Dietician
☐ RES – Researcher
☐ RN – Registered Nurse
☐ SMKT – Sales & Marketing
☐ OTHER – Healthcare Professional
Please specify _____

What is your practice setting?

☐ Clinic
☐ Acute Care
☐ Long Term Care
☐ Home Care
☐ Other _____

Signature: I hereby certify that the information included on this application is accurate.

Signature _____ Date _____