

Scholarship APPLICATION



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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.

Application Submission

Completed applications must be submitted by email.

Incomplete applications will not be considered. Applications must include all attachments in the same email message.

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

(First page of the latest federal tax return). Documentation of financial need will be used solely for the purposes of scholarship eligibility and will not be shared or used for any other purpose.

Candidate Information

NOTE: Please 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

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

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

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 Long-term Care
- Acute Care Home Care
- Other

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

Signature

Date