

# AAWC SCHOLARSHIP APPLICATION

## Basic Information & Instructions:

1. Only AAWC Members in good standing (dues paid in full) may apply for scholarships.
2. Applications are accepted all year. There are no application deadlines. Status of your award will be sent no more than 12 weeks after receipt of your complete application. Please use a traceable shipment method. We cannot be responsible for lost mail.
3. Please note that you are requested to submit **five copies of all materials using only paper clips**. (Create five collated and complete application packages. No staples please).
4. If you have questions, full guidelines and FAQs are listed at the AAWC website, [www.aawconline.org](http://www.aawconline.org), under "About Us" (select Scholarship Program from the drop down menu).

\_\_\_\_\_ / \_\_\_\_\_  
(Please print last name)

(Please print first name)

Please list the amount of money requested: \$ \_\_\_\_\_

(Actual amount to be given, if applicable, may differ after a determination by the Scholarship Committee.)

## Please Check One Only:

Educational Grant

Research Grant

Exchange (Travel) Grant

**Have you applied for an AAWC Scholarship in the past?** Yes / No

**Educational Grant:** In addition to this form and your CV, you must provide the program name, location, a description of the course of study, course start and end date, and proof of the cost of program registration. You may also include proof of lodging and travel costs that relate to this education, if applicable. It is recommended that you submit an informational brochure or related materials. *The institution from which you are receiving education must be accredited by an approved/recognized governing body.*

**Research Grant:** In addition to this form and your CV, you must provide an abbreviated literature review, a summary of the proposed study or work, the stage of this study (preliminary/ongoing), the expected duration of the study, and a line item budget that shows the amount of financial support needed and how AAWC funds would be utilized. Please include the following information in your study description: 1. Who is the Principle Investigator (PI)? Who are the CO-investigators? 2. Are you receiving any corporate support or academic sponsorship(s)? If yes, list amount(s) and source(s). 3. Have you applied for any additional grants? If yes, list amount(s) and source(s). 4. IRB approval? (received, pending, not required) 5. What is your previous research experience? Last, you must submit a brief statement explaining how this study will benefit the field of wound care.

**Exchange (Travel) Grant:** In addition to this form and your CV, you must provide the program/facility name, location, and a contact person (with contact information) at the hosting facility. Please include projected dates of travel, purpose of trip, a brief statement explaining how this exchange program/trip will help you in your wound care career, and/or how it will help others. Please also provide proof of the costs to you involved. The AAWC's World Wound Care Alliance (WWCA) volunteer program for AAWC Members is one example of a qualifying program for which one may apply for support to travel abroad.

Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

I have been a member since (if known): \_\_\_\_\_ The address I am providing is ( \_\_ home, \_\_ work)

Address: \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Day Time Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Check the box to the left if you would like your application to be considered for a “roll over” into the next scholarship period if adequate funds are not available at the time of submission. (If the committee deems your application to be worthy of consideration for a future award, it will be reviewed again when funds are available.)

*By signing below, I signify that I understand that the AAWC Scholarship Program is a membership benefit. I understand that in reviewing applications and by providing scholarships, the AAWC does not warrant or guarantee any particular benefit or event. I release and indemnify the AAWC and its associates from any responsibility to me except as contained in the scholarship guidelines. I agree to abide by the rules and conditions of the scholarship guidelines found at the AAWC website. I understand that my application will not be considered if I am not a current AAWC Member or if my application is not complete. I agree to provide a brief summary/update about my experiences and/or research project within 1 year of my application and/or when requested by the AAWC. I also agree to consider submitting a manuscript related to my experiences and/or research project to OWM, WOUNDS and/or other healthcare publications. I realize this is not a requirement but is strongly encouraged. If I do submit to a publication, I agree to name the AAWC Scholarship Program as a source of funding that made my experiences possible and to notify AAWC should my manuscript be accepted.*

Applicant signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Notary or witness (print name) \_\_\_\_\_

Notary or witness signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**It is recommended that you use certified mail or another traceable method to ship these materials to:**

AAWC Business Office  
Scholarship Program  
83 General Warren Blvd.,  
Suite 100  
Malvern, PA 19355

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866.229.2999  
Ph.: 610-560-0484  
Fax: 610-560-0501