

FAET SCHOLARSHIP APPLICATION
(FLORIDA ASSOCIATION OF ENTEROSTOMAL THERAPISTS)

Each item listed below must be completed to insure prompt review. Please type application.
Return your completed application to:

Terry Barton
1197 Lazy Hollow Place
Winter Park, FL 32792

NAME _____

ADDRESS _____

TELEPHONE
(H) _____ (W) _____

PLACE OF EMPLOYMENT _____

PLEASE INDICATE THE BEGINNING DATE OF THE PROGRAM INTO WHICH YOU
HAVE BEEN ACCEPTED / MADE APPLICATION TO: _____

PLEASE COMPLETE THE FOLLOWING:

1. SOCIAL SECURITY # _____
2. NAME OF THE PROGRAM INTO WHICH YOU HAVE BEEN ACCEPTED / MADE
APPLICATION TO: _____
3. LIST APPLICATIONS FOR FINANCIAL ASSISTANCE FOR ET NURSING
EDUCATION FROM OTHER SOURCES (i.e. UOA, industry support)

4. WILL YOUR HOSPITAL OR SPONSORING INSTITUTION ASSIST YOU IN ANY WAY WITH YOUR ET EDUCATION: YES/NO
IF YES, IN WHAT WAY (i.e. Paid salary while at school, tuition.etc.)

5. IF APPLICABLE, HOW MANY BEDS ARE THERE IN YOUR FACILITY _____
AVERAGE DAILY CASE LOAD FOR YOUR HOME HEALTH AGENCY _____

6. WILL THE PRIMARY FOCUS OF YOUR POSITION BE WITHIN THE SCOPE OF ET PRACTICE: YES/NO

7. WILL YOU BE THE ONLY ET AT YOUR FACILITY: YES/NO

8. PLEASE LIST THE APPROXIMATE NUMBER OF ET NURSES IN YOUR COMMUNITY _____

PLEASE PROVIDE A PARAGRAPH STATING YOUR REASONS FOR SELECTING ET NURSING AS A SPECIALTY.

PLEASE PROVIDE A PARAGRAPH THAT OUTLINES YOUR REASONS FOR REQUESTING FINANCIAL ASSISTANCE

ANNOUNCEMENT OF SCHOLARSHIP RECIPIENT AT FAET ANNUAL CONFERENCE