



WOCNCB Benevolence Fund

Criteria

- Currently certified through the WOCNCB in wound, ostomy, continence, or foot care.
- Demonstrate financial hardship that prevents recertification in a specialty/specialties (e.g., *Severe Illness / Accident; Death of Immediate Family Member; Natural Disaster; Job Loss; Other Tragedies.*)
- All requested information is completed in its entirety.

APPLICATION

Date: _____

Name: _____

Address: _____

Telephone: _____

E-mail address: _____

Certification number: _____

Date certification expires: _____

Annual gross household income (includes all sources)
(Include a copy of the most recent payroll stub and Federal Income Tax Return.) \$ _____ /per year

Number of individuals living in the household: _____

Describe the circumstances that led to the hardship.
(Attach a typewritten, one-page document that clearly demonstrates your financial hardship.)

Include a written reference to confirm the hardship. Reference must contain their contact information.

Include a copy of your resume/CV.

Amount of funding being requested: \$ _____

I declare that this application and all supporting documentation fully qualifies me for funding by the WOCNCB.

Signature _____ Date _____