

Mount Hood Chapter Oncology Nursing Society

Scholarship Application

General Information: The Mt. Hood Chapter Oncology Nursing Society (MtHCONS) provides conference scholarships. Scholarships are available up to \$500.00, depending on conference registration fee and location. Only MtHCONS members are eligible for scholarships. The criteria for decision making by the Scholarship Committee includes contributions of the member to ONS/Chapter activities as well as the applicant's request. **Please note:** This scholarship is meant to supplement your expenses; this application does not guarantee selection for a scholarship.

If selected for a scholarship, you agree to submit a brief summary for the Chapter website about your educational experience or give a short (5minute) presentation at the start of one of the meetings. When applicable, please verify with your employer that if selected, you will be able to arrange time off work to attend the conference.

Instructions: Please complete the form entirely and include a copy of the program syllabus. Return to the Scholarship Committee 2312 NE 32nd Ave, Portland OR 97212. Please submit the form 6 weeks in advance of the educational function that you plan to attend.

Name _____

Address _____

Phone (home) _____ (work) _____ ONS member number _____

Request scholarship for _____
In the amount of \$ _____

Indicate local or national ONS participation and give approximate dates (mo./year/s)

- 1) Officer _____
- 2) Chairperson of Committee _____
- 3) Chairperson of Special Activity (e.g., fund-raising, newsletter, etc.) _____
- 4) Active Committee Member _____
- 5) Hosting a Meeting _____
- 6) Meeting attendance (Chapter, Congress, Fall Institute) _____
- 7) Presentations (Speaker, Poster, etc.) _____

- 8) Publications _____

Please explain why you should be considered for a Mt. Hood Chapter Oncology Nursing Society scholarship (e.g., community contributions such as ACS, community cancer events; amount of employer support for educational events). If additional space is needed, please use the back of this form.

Please check one of the following: My employer will allow time off to attend this conference. or NA

Signature _____ Date _____