



METRO DENVER ONCOLOGY NURSING SOCIETY

Metro Denver Oncology Nursing Society
Certification Scholarship Application
Two \$250.00 Awards

Qualifications:

1. Must be an MDONS member in good standing

Oncology Nurse seeking to become certified for the 1st time

2. Proof of passing score required for reimbursement of fees

Name: _____

Credentials: _____

Address: _____

Position/Title: _____

Business Name: _____

Business Address: _____

Work Phone: _____ Home Phone: _____

MDONS member since _____

Which Certification exam will you sit for:

____ OCN ____ CPON ____ AOCNP ____ AOCNS ____ CBCN

Date of exam _____

Please indicate if you are receiving other financial assistance for certification:



Membership in Professional Health-Related Organizations:

MDONS Participation: (describe your participation in MDONS, i.e., membership meetings, committee participation, Board member, etc.)

Signature/Date

Preference will be given to applicants who have not previously received scholarship money.

The MDONS Board reserves the right to pay the scholarship recipient registration fees, with the remainder of the award paid directly to the recipient. (1/04)

Please return the completed application by Sept. 15, 2009 to:

**Bonnie Wivell
1279 Sable Blvd.
Aurora, CO 80011
Fax: 720-848-0221
For questions call (H) 720-878-7799 or (O) 720-848-0223**

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