



METRO DENVER ONCOLOGY NURSING SOCIETY

Metro Denver Oncology Nursing Society
Carolyn Jaffe Memorial Conference Scholarship Application
Two \$250.00 Awards

Qualifications:

- 1. Must be an MDONS member in good standing**
- 2. Must be an oncology nurse seeking to attend a continuing education program**

Name: _____

Credentials: _____

Address: _____

Position/Title: _____

Business Name: _____

Business Address: _____

Work Phone: _____ Home Phone: _____

MDONS member since _____

Certification: OCN _____ AOCNS _____ AOCNP _____ CBCN _____ CPON _____

Describe the Continuing Education Program you will attend (include dates and location):

Please indicate if you are receiving other financial assistance for conference attendance:

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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