



METRO DENVER ONCOLOGY NURSING SOCIETY

Metro Denver Oncology Nursing Society Education Scholarship Application Two \$500.00 Awards

Qualifications: 1. Must be an MDONS member in good standing
2. Oncology Nurse seeking to advance an educational degree

Name: _____

Credentials: _____

Address: _____

Position/Title: _____

Business Name: _____

Business Address: _____

Work Phone: _____ Home Phone: _____

E-Mail Address _____

MDONS member since _____

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

Student Status:

I am currently enrolled in the following nursing program:

Bachelors _____ Masters _____ ___CNS ___NP Other _____

Doctoral _____ Post Masters _____ ___CNS ___NP Other _____

Other _____

Name of School of Nursing: _____

Percentage of program completed: _____

Anticipated date of graduation: _____

I will attend full time _____ or part time _____ in the upcoming school year. If part time, please explain why.

Please indicate if you are receiving any financial assistance from other sources for your education:

Funding Agency Amount Dates of Assistance

Professional Education:

Institution Location Degree Date of Completion

Membership in Professional Health-Related Organizations:

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

Signature/Date

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**

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

The MDONS Board reserves the right to pay the scholarship recipient tuition fees, with the remainder of the award paid directly to the recipient.

Rev: 08/09