



# EAST CENTRAL FLORIDA CHAPTER

## East Central Florida Chapter of Oncology Nursing Society Oncology Certification Scholarship, 2025

**This scholarship is available to nurses seeking first time Oncology Certification for:** OCN® (Oncology Certified Nurse), AOCNP® (Advanced Certified Nurse Practitioner), CBCN® (Certified Breast Care Nurse), BMTN® (Blood & Marrow Transplant Certified Nurse), CPHON® (Certified Pediatric Hematology Oncology Nurse).

**This scholarship provides financial support to nurses who are committed to oncology nursing.**

**The scholarship applicant will be awarded \$300.00 reimbursement for completion of certification through the Oncology Nursing Certification Corporation. (Nurses are allowed to apply for 1 Certification Scholarship per year).**

**Applicants must not be eligible to receive Employer or other reimbursement funds for certification.**

**Applications will be accepted through December 31, 2025.**

**Applicants must submit **Authorization To Test** and receipt of payment to receive reimbursement.**

**Two (2) New Scholarships will be provided in 2025.**

**Eligibility:**

- Active member of ONS National
- Active member of ECFONS (Applicant must have participated in two (2) ECFONS activities over the past 12 months. (This can include voting in chapter election, participating in membership survey, attending meetings, board/committee participation or other National ONS or chapter activities).

Name and credentials \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Work Position \_\_\_\_\_

Agency/ Organization \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work E-Mail \_\_\_\_\_

**Preferred location for correspondence:** \_\_\_\_\_ Home \_\_\_\_\_ Work

National ONS Membership Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**\*\*Please provide copy of your membership card\*\***

ECFONS, Nursing Certification Scholarship



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Application submitted for: \_\_\_\_\_OCN®, \_\_\_\_\_AOCNP®, \_\_\_\_\_CBCN®, \_\_\_\_\_BMTCN®, \_\_\_\_\_CPHON®

1. Describe how oncology certification will help you meet your educational and professional goals:

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Will you complete Oncology Certification in the next 12 months and how do you plan to meet this goal?

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2. Describe private/ work activities or projects which promote oncology nursing or improve the quality of care for oncology patients: \_\_\_\_\_

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3. Applicant's Narrative – why are you applying for the Oncology Certification Scholarship:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications will be accepted through December 31, 2025.**

**Applicants will be notified of scholarship committee decision within 14 days of submission.**

Mail or email: Andria Roberts, 1480 Wiltshire Ave., Deltona, FL 32725

Email: [andriacroberts@yahoo.com](mailto:andriacroberts@yahoo.com) Phone: 386-956-7542

**ECFONS Scholarship Committee:** Andria Roberts, [andriacroberts@yahoo.com](mailto:andriacroberts@yahoo.com),

Deborah Reynolds, [pr32174@aol.com](mailto:pr32174@aol.com), <insert one additional member>