

Submit the following documents to [info@onshawaii.com](mailto:info@onshawaii.com) at least 30 days before the start of the educational offering:

- a.  Completed and signed electronic application
  - i. Handwritten applications will not be accepted
- b.  Website or flyer with information about educational offering
- c.  Professional resume/CV

|                                       |    |                                   |
|---------------------------------------|----|-----------------------------------|
| <b>Name &amp; Date:</b>               |    |                                   |
| <b>Home address:</b>                  |    |                                   |
| <b>Phone &amp; Email:</b>             |    |                                   |
| <b>Employer &amp; Unit/Department</b> |    |                                   |
| <b>Position/Title:</b>                |    |                                   |
| <b>Practice Setting:</b>              |    |                                   |
| <b>Employment:</b>                    |    | <b>Years in Oncology Nursing:</b> |
|                                       |    | <b>ONS Member #:</b>              |
| <b>Educational Offering:</b>          |    |                                   |
| <b>Date &amp; Location</b>            |    |                                   |
| <b>Total Funding Request</b>          | \$ |                                   |

This scholarship supports ONS Mission to advance excellence in oncology nursing and quality cancer care.

Have you received a scholarship through ONS Hawai'i Chapter in the past? If so, what year(s)?

I certify that the above information is correct and that I have read the Appointed Member Tuition Scholarship Instructions document. I understand that failure to abide by the rules of the Appointed Member Tuition Scholarship may result in partial or full forfeiture scholarship funds.

Signature

Date