

Submit the following documents to [info@onshawaii.com](mailto:info@onshawaii.com) at least 7 days before the start of the conference:

- Completed electronic application
  - i. Handwritten applications will not be accepted
- 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>Total Funding Request</b>		\$
Have you attended the ONS Hawaii Chapter conference before? If so, what year(s)?		
Have you received a conference scholarship through ONS Hawaii Chapter in the past? If so, what year(s)?		

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

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

Name

Date

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