|  |  |
| --- | --- |
| C:\Users\custom-CI4015\Downloads\LRONS tree.jpg | Little Rock Oncology Nursing Society |

# Book Scholarship Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |
| --- | --- |
| Semester Applied for: |  |

|  |  |  |
| --- | --- | --- |
| Are you an appointed LRONS committee or project chair? | YES[ ]  | NO[ ]  |

|  |  |  |
| --- | --- | --- |
| Are you ONS member in good standing? | YES[ ]  | NO[ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you received a book scholarship before? | YES[ ]  | NO[ ]  |  |

|  |  |
| --- | --- |
| If yes, when: |  |

## Education

|  |  |
| --- | --- |
| College: |  |

|  |  |
| --- | --- |
| Anticipated graduation: |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**\*\*\*Please attach resume and written description of their interest in oncology nursing\*\*\***