|  |  |
| --- | --- |
|  | Little Rock Oncology Nursing Society |

# C:\Users\custom-CI4015\Downloads\LRONS tree.jpgScholarship Application

## Applicant Information

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

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

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

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

|  |  |
| --- | --- |
| Conference Desired for scholarship: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you an elected LRONS official? | YES | NO | Are you an ONS member in good standing? | YES | NO |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Have you received a scholarship in the last two years? | YES | NO |  |

If so what for and when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Position: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you currently employed? | | YES | NO |
| Other: |  | | | | : |  |

## Signature

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

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

\*\*\* Please attach resume with application\*\*\*