

SEMO ONS Local Chapter Nursing Scholarship

Southeast Missouri Oncology Nursing Society's local chapter is offering a one-time scholarship to be used toward a nursing degree.

The Southeast Oncology Nursing Society chapter holds and administers the funds that provides a yearly scholarship to individuals who apply to receive a scholarship from the Southeast Oncology Nursing Society local chapter. This scholarship can be received only once in a lifetime.

This scholarship is to be used by a nursing student toward their nursing degree.

The SEMO ONS local chapter will deem in April each year if there are enough funds available to award two scholarships each July. The first will be given to a nursing student who has not yet obtained a degree and the second, to a nurse who is continuing their education in the nursing field. The amount of each scholarship is \$250.00.

There will be two scholarships available:

The first scholarship will be awarded to a nurse who has their nursing license and is continuing their education. The requirement to apply is that the nurse attend, as a guest, two meetings of the local chapter of ONS which occur on the first Monday of each month.

The second scholarship will be awarded to a nursing student who is working toward their degree and nursing license. The requirement is for the nursing student to join ONS as a student (which is free for all nursing students attending full time classes).

An application needs to be submitted by each applicant prior to the month of May. The applications will be reviewed by the SEMO ONS board during June and July and the person awarded each scholarship will be announced at the July ONS meeting and contacted by phone by a member of the local ONS chapter.

Criteria for the scholarship

Must be taking classes at and accredited school of nursing

Encouraged to be involved with SEMO ONS chapter

Selection committee:

The current board members

After the applicants are selected, the board members will contact the recipient to let them know that they were awarded the scholarship. All other applicants will be notified by mail.

SEMO ONS Scholarship Application

I, _____ have read and understand the terms and conditions for the SEMO ONS Scholarship.

Legal name in full: _____

Address: _____

Cell Phone: _____

Another Phone: _____

What Degree are you pursuing? _____

What School are you attending? _____

Please attach proof of enrollment and a copy of your acceptance letter into the nursing program you are attending.

References please include an academic reference and a professional reference.

Why do you want to be an oncology nurse?

Please return all applications to:

Jennifer Kiplinger RN, BSN, OCN

President, SEMO Chapter ONS

SE Health

1701 Lacey Street

Cape Girardeau, MO 63701