**Dear Southern New Hampshire Oncology Nurses Member,**

Thank you very much for your interest in the 2023 ONS Congress Scholarship offering. Below is the information about the Scholarship and the application is on the next page. If you have any questions, please feel free to reach out to us at SNHONLeadership@gmail.com.

Sincerely,

**The Southern New Hampshire Oncology Nurses Board**

**Scholarship Information:**

-SNHON will award 1- $1000 Scholarship to applicants attending 2023 ONS Congress. Funds will be used to reimburse registration fees, lodging, and airfare to attend.

-Applications are due by February 10th, 2023. SNHON Board will vote on awarding the scholarships at the February 2023 Board meeting. Applicants will be notified of acceptance by 3/1/2023.

**Eligibility:**

-Applicant must be a current member of the Oncology Nursing Society and the Southern New Hampshire Oncology Nurses.

-SNHON Board Members are eligible for this Scholarship.

-Applicant must currently be licensed and working as an Oncology Nurse.

-Must agree to a formal presentation of how you used your Scholarship describing what learning the scholarship funded at a future SNHON program of your choosing (dates will be provided to you in advance for scheduling) or at the annual Fall Conference, date TBD in the fall of 2023.

**Requirements for Application:**

1. Complete form on the next page and send to [SNHONLeadership@gmail.com](about:blank) by midnight on February 10th, 2023
2. If Scholarship is awarded, you will need to submit a copy of your proof of payment for application fees, lodging, and/or airfare that you are seeking for reimbursement to SNHONLeadership@gmail.com by May 3rd, 2023.

**(Your Name)**

**(Street Address)**

**(City, ST ZIP Code)**

**(Telephone)**

**(Email)**

**(ONS Membership Number:)**

**(Date)**

Dear **SNHON**:

I am writing in response to your ONS Congress application. I am currently a \_\_\_\_\_\_\_\_ **(include position title)** at \_\_\_\_\_\_\_\_\_\_\_ **(include employer)** and have been in this position for the last \_\_\_\_ **(include number of years employed)**.

1. How long have you been a member of ONS and of SNHON?
2. Please describe your level of participation in the SNHON chapter. How active are you in the chapter and what have you done to help the chapter? How have you helped to recruit new members to ONS and SNHON?
3. Please explain why you are applying for this scholarship and what you hope to accomplish/how you will use the knowledge and experience gained by attending ONS Congress.

***If awarded an ONS Congress 2023 scholarship by SNHON I agree to the following:***

*1.* *Present how scholarship funds were used at a future SNHON program or the annual Fall Conference. This will require a presentation describing what learning the scholarship funded. Dates to be provided and selected in advance.*

*2.* *Submit proof of attendance at ONS Congress.*

*3.* *Submit copies of expenses related to ONS Congress by 5/3/2023.*

*4.* *If unable to attend ONS Congress, I will reimburse any and all funds received by SNHON.*

*5.* *Allow permission for SNHON to use information in this document for promotional and reporting purposes.*

Name(Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_