

CTONS 2024 Agreement of Terms and Conditions for Awards and Scholarships Form

The Central Texas chapter of the Oncology Nursing Society is offering opportunities for scholarship to active standing members of CTONS. CTONS supports the mission of ONS, which is to promote excellence in oncology nursing and quality cancer care. It is in this spirit that CTONS offers limited funds to its members for awards and scholarships that contribute to professional advancement in Oncology nursing, including continuing education.

Quarterly Scholarships: maximum amount that may be awarded per applicant is \$1,000 for ONS events, Continuing Education, or professional development related to oncology nursing. Each applicant may be awarded no more than 3 quarterly scholarships per year. (examples: online educational program, conference, training to support nursing knowledge/professionalism, nursing school tuition or books, chemo card course and exam, board certification exam, OCN/BMTCN study resources and exam fee, etc.)

ONS Congress Scholarships: maximum amount that may be awarded per applicant is \$1,500 for 2024. Up to 6 scholarships will be awarded.

Applications will be accepted on a quarterly basis:

March 25th, 2024 / June 24th, 2024 / September 30th, 2024 / November 29th, 2024
2024 Congress Scholarship Deadline: April 1st, 2024

Criteria for Scholarships – must meet 2 of the below criteria

- ONS National Member
- Active National ONS Participant (ex: ONS focus group, discussion board posts)
- Active Member of any Oncology Nurse organization
- Active CTONS Board Member
- Applicant has attended 3 CTONS meetings in the past calendar year

Upon completion of the Educational Event:

- Proof of completion (i.e certificate of completion, copy of CEU's, official certification when available from providing organization)
- Copy of receipts for Event (i.e. registration, flights, hotels, paid tuition statement, etc)
- Written submission of meaningful content within 4 weeks of completion

CTONS will reimburse awarded applicants in a timely manner upon completion of the above items.

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In signing this form, I acknowledge that I understand the terms and conditions as stated above and agree to comply with them.

Printed Name of Applicant _____ ONS ID# _____

Signature of Applicant _____ Date _____

SUBMIT AGREEMENT OF TERMS, APPLICATION, AND
SUPPORTING DOCUMENTATION TO: ctonsboard@gmail.com

Please feel free to contact CTONS for any questions regarding our application

process. *The CTONS Board of Directors reserves the right to modify the Terms of the Agreement at any time to protect the interests of the chapter.*