Sierra Nevada Chapter Scholarship Application

Name: _____ Date Completed: _____

Address: _____ ONS Member ID: _____

Phone: _____

E-mail: _____

In 200 words or less, describe your passion for oncology nursing.

In 200 words or less, explain how this scholarship will enhance your nursing practice should you receive it.

Submit Applications in person to any board member or electronically to DWiley@renown.org