



ASSOCIATION of PEDIATRIC
HEMATOLOGY/ONCOLOGY NURSES

Indiana Chapter

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BACKGROUND:

The Indiana chapter of the Association of Pediatric Hematology Oncology Nurses (IAPHON) is a pediatric nursing organization dedicated to assisting families affected by cancer and chronic hematological disorders. Our mission is to:

- promote care of the child with cancer or chronic hematological disorders;
- to support, educate and encourage nurses in hematology/oncology; and
- to develop a base from which National APHON can draw leaders.

PURPOSE OF SCHOLARSHIP:

The purpose of the IAPHON scholarship is to provide funding for secondary/vocational education to pediatric cancer and hematology patients. It is the first-ever Indiana state nursing organization scholarship to provide college funding specifically for pediatric cancer and hematology patients.

IAPHON will award two \$500.00 scholarships for the 2010/2011 school year. One scholarship will be awarded to an oncology patient and another scholarship will be awarded to a hematology patient. Applications for these scholarships will be reviewed and the winner chosen by a panel consisting of a pediatric hematology/oncology nurse, a nurse practitioner, a social worker, and a physician.

The scholarship is made possible through the IAPHON.

INSTRUCTIONS:

1. Complete **entire** application
2. Fill in **all** spaces
3. Use N/A for areas that are not applicable
4. **Please note: any application not filled out correctly will not be considered for the scholarship.**

REQUIRED ESSAY:

As part of this application, an essay on the subject “How Childhood Cancer Has Affected My Life” or “How a Chronic Childhood Hematological Disorder Has Affected My Life” must be included. The essay should be a minimum of two (2) *double-spaced*, 12 font, typed pages, and a maximum of three (3) *double-spaced*, 12 font typed pages. This essay will become property of IAPHON and may be read by other patients and their families. If you do not wish for your essay to be used in this manner, you must request so in writing and we will not do so.



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ELIGIBILITY:

1. Any child who has been or is presently being treated for childhood cancer or chronic hematological disorder.
2. Diagnosis of childhood cancer or chronic hematological disorder prior to 21 years of age.
3. Child may apply more than one time, unless previously awarded this scholarship.

REQUIRED DOCUMENTATION:

1. A physician's, nurse practitioner's, or nurse's written and signed statement of proof of treatment as a pediatric cancer or hematology patient (up to age 21 at time of diagnosis).
2. Verification of acceptance from intended college/university or vocational school of attendance.
3. Mail completed application with required essay and documentation to:

Scholarship Coordinator
APHON
Pediatric Hematology/Oncology
702 Barnhill Drive RI 4340
Indianapolis, IN 46202

4. Application **must** be received no later than **May 30, 2010** to be considered.
5. Contact Jennifer Harker at jharker@clarian.org or Meredith McMahan at mmcmahan@clarian.org if you have any questions regarding this scholarship application. Due to busy work schedules, it can be very difficult for us to return phone calls, so our preferred method of communication is via email.



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PERSONAL INFORMATION:

Name _____ Date of Birth _____
(Last, First, Middle Initial) (Month/Day/Year)

Address _____ Phone (____) _____

City _____ State _____ Zip Code _____ Email: _____

Diagnosis _____ Date of Diagnosis _____
(Month/Day/Year)

Hematology/Oncology Physician's Name _____

Parent(s)/Guardian(s)
Names _____ Email: _____

Address _____ Phone (____) _____

City _____ State _____ Zip Code _____

ACADEMIC INFORMATION:

Current Grade (Circle One) 12 13 14 15 16 (12 = High School Senior, 13 = College Freshman, etc...)

Current High School Address _____

Date of High School Graduation _____ or
(Month/Day/Year)

Expected Date of High School Graduation _____
(Month/Day/Year)

List Colleges/Universities/Vocational Schools to which You have Applied:



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Intended Course of Study: _____

Current College/University/Vocational School and Address:

Expected Date of College Graduation: _____
(Month/Day/Year)

Type of Degree _____

**HOBBIES, EXTRACURRICULAR ACTIVITIES, INTERESTS,
VOLUNTEER ACTIVITIES:**

Please List:

AWARDS, HONORS, OR SPECIAL RECOGNITIONS:

Please List:



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SIGNATURES

I/We verify that the information provided is current and correct at the time of this application.
I/We are aware that should the IAPHON Scholarship be awarded to the participant, it will be paid directly to the College, University, or Vocational School which the applicant attends, and that no payment will be made directly to the applicant or the applicant's family.

Signature of Scholarship Applicant

Date (Month/Day/Year)

Signature of Parent/Guardian*

Date (Month/Day/Year)

Signature of Parent/Guardian*

Date (Month/Day/Year)

* At least one parent or guardian must sign application