**ONCC Chapter Grant Application Form
*Please send completed form to oncc@oncc.org.***ONS or APHON Chapter Name:

*CONTACT INFORMATION*

Email address:

First and last name:

City:

State:

Phone Number:

*PROJECT INFORMATION*

Project Title:

Project Overview (briefly describe the project:

Please list project goals:

Indicate if the project is intended to do the following:

[ ] Encourage Certification

[ ] Support nurses in obtaining certification

[ ] Recognize certified nurses.

What is the project budget?:

How much funding are you seeking for a chapter grant?:

Describe the project timeline:

How many chapter members are expected to participate?

[ ] 25% or less

[ ] 26-50%

[ ] 51-75%

[ ] 75% or more

Please describe how this project may be repeated or sustained in the future:

Please include additional information you would like to have considered, if any: