



BONENT Wesley Watkins Scholarship Application

Please Print.

Name _____

Address _____

City _____ State _____ Zip/Postal Code _____

Work Phone _____ Home Phone _____

Fax _____ E-Mail _____

Original BONENT Certification Date _____

BONENT ID Number _____ Social Security Number _____

Do any of your friends or relatives serve on the BONENT Board of Directors?

Yes No

If yes, state name and relationship _____

Are you currently employed in Dialysis? Yes No

May we contact your employer? Yes No

List professional, trade or civic activities and offices held

List personal and/or professional references (*do not include family members*)

Name _____

Phone Number _____ Best time to call _____

Occupation

1. _____
2. _____

(Two letters of recommendation from Renal Professionals must be attached)

Essay Instructions

- Essay must be typed on 8.5" x 11" paper.
- All quotes are to be referenced in the footnotes.
- Any publications, legislation or books must be referenced in the footnotes.
- Essay must be mailed with the application, postmarked before 12:00 a.m. on September 30, 2006.
- Incomplete applications will be mailed back and the September 30 deadline will apply.

All essays become the exclusive property of the Board of Nephrology Examiners Nursing & Technology and will be kept on file at the BONENT Executive Office.

Applicant Attests to the following:

- I certify that the answers given are true and complete.
- I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision.
- I hereby understand and acknowledge that, unless otherwise defined, any relationship with the BONENT organization is of an "at will" nature.
- I understand that false or misleading information given in my application may result in forfeiting any consideration of the scholarship.
- I further understand that, if selected as a recipient of the scholarship, my essay will be submitted for publication without editing.
- I further understand that, if the scholarship is not used for its intended purpose, I must refund the full amount to the Board of Nephrology Nursing & Technology organization.

Signature of Applicant _____ Date _____

Mail or Fax to: BONENT Executive Office
1901 Pennsylvania Avenue NW,
Suite 607
Washington, DC 20006
Fax (202) 463-1257