



Prerequisites for NCoBC 2016 Scholarship Consideration

Applicants Must:

1. Be a first-time NCoBC Annual Interdisciplinary Breast Center Conference attendee.
2. Be a current NCBC Independent Health or Facility Member.
3. Be a practicing breast health professional or advocate.
4. Fill out and return the questionnaire by the deadline.
5. Be able to pay their own transportation and accommodation fees.
6. Sign a consent form allowing NCBC and Magview to publicize name/photos for future marketing campaigns.

Other Notes:

- ❖ The Natosha Lynne Morton Scholarship does not cover NCBC membership.
- ❖ The scholarship only covers the cost of the general conference (value \$575). Post conference workshops or certification exams are at the winner's expense.
- ❖ Deadline for application is January 15, 2016.
- ❖ Winner will be announced on or before February 1, 2016.

The Natosha Lynne Morton Scholarship, funded by Magview, is to provide recognition to Breast Health professionals who best exhibit character, compassion, and caring in conjunction with providing the best possible care to patients by paying their conference registration fee to attend the NCoBC 2016 Annual Interdisciplinary Breast Center Conference April 9-11, 2016 in Las Vegas, NV. Applicants must complete the questionnaire below to the best of their ability. Content will be scored by the NCBC staff based on the evidence of character, compassion, and caring in quality of care.

APPLICATION –Natosha Lynne Morton NCoBC Conference Scholarship

Administered by the National Consortium of Breast Centers

Funding provided by



Name _____
Last, First , Middle

Credentials _____

Address _____
Street & Number, City, State, Zip

Birth Date _____ Home Phone Number _____

Male _____ Female _____ Cell Phone Number _____

Email address _____

Facility Affiliation _____

Facility Address _____

Address _____
(Street & Number, City, State, Zip)

College/University _____
(where accredited)

Name _____

Please give an example of how you provide optimum care to patients.

How do you contribute to the empowerment and encouragement of other Breast Health professionals?

Name _____

Give a specific example of how you have shown initiative in your breast patient care in order to improve it.

What are your plans, goals or objectives for growing breast health awareness?

Please provide at least two letters of reference, one from either a boss or co-worker that will speak to your character and one from community member or past or current patient who can speak to your compassion and caring in quality of care.

I, _____ attest that the preceding statements are
(print your name)

correct and true to the best of my knowledge.

Date

Signature of Applicant

Please send this application, with letters of recommendation, by January 15, 2016 to:

National Consortium of Breast Centers
Attn: Jennifer
PO Box 1334
Warsaw, IN 46581-1334