Virginia Cancer Patient Navigator Network (VACPNN)
AONN+ Conference Scholarship Application 2026

Thank you for your interest in applying for the Academy of Oncology Nurse & Patient Navigators (AONN+) conference scholarship. The 2026 AONN+ Conference is scheduled for November 11-14, 2026.

If you are selected, you will be granted registration to attend the AONN+ conference **virtually** and will be expected to share your highlights with the members of CACV and VACPNN at a future meeting.

Up to 5 scholarships will be awarded in 2026. **Deadline to submit applications is August 28, 2026**. Completed applications should be submitted by August 28 to vacpnn@cancercoalitionofvirginia.org. Incomplete applications will not be considered.

Membership Requirement: To be considered for a scholarship, you must be a current CACV/VACPNN member. If not a member, join now or to confirm membership contact info@cancercoalitionofvirginia.org.

Full Name & Credentials: _____

Organization: _____

Address: _____

Email: _____

Phone: _____

Are you a member of AONN+?

____ YES ____NO

Tell us about your role with navigation.

_____

Why are you passionate about navigation?

_____

What do you expect to gain from attending this conference?

_____

If selected for the scholarship funding, do you understand you must submit a written demonstration of how the conference content influenced your navigation role or practice changes within 6 months of the conference's end?

____ YES ____NO

Suggestions on how to share your conference experience include but are not limited to: PowerPoint presentation to colleagues about the conference; a process improvement/QI/research project you have initiated; submit an abstract to AONN+ conference; write an article in the AONN+ or CACV newsletter on 1) how navigation has affected your cancer patients, 2) your successes as a navigator, 3) how cancer has affected you or a loved one, 4) awareness around the cancer you navigate, presentation to a local navigation network.

Required Letter

Please include a letter from your supervisor confirming the lack of internal funds for conference attendance as well as expressing their support for your attendance, including reasons why they want you to attend the conference.

Signature:

Date: _____