

## FCMSC/EMD SERONO June Halper MS Nursing Scholarship 2020 Annual Meeting of the Consortium of MS Centers

### **BACKGROUND**

The Foundation of the Consortium of Multiple Sclerosis Centers (FCMSC) established *MS Workforce of the Future Scholarships and Fellowships* to encourage healthcare trainees and professionals to become more familiar with MS and its treatment, and to consider an initial focus or advanced specialization training in MS.

The June Halper MS Nursing Scholarship awards nurses **WHO ARE NOT CERTIFIED IN MS** with a scholarship in order to **participate in the 2020 Annual Meeting of the Consortium of MS Centers (CMSC)**. Further, IOMSN will assist scholarship recipients in preparing for and sitting for the MS Nurses Certification Examination.

Recipients and their program directors or mentors are recognized at the CMSC Annual Meeting through meeting materials, signage and at a recognition awards reception, with grant support for awards appropriately acknowledged.

### **GUIDELINES / ELIGIBILITY**

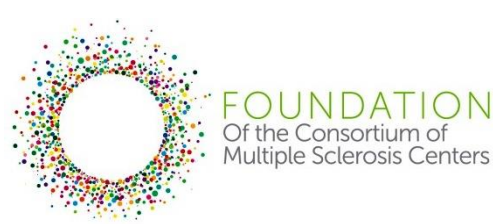
**Applicants must be licensed nursing professionals and active in multiple sclerosis care or research.**

A limited number of annual meeting scholarships will be available. **Each successful applicant will be awarded a \$1,300 scholarship provided by a grant from EMD Serono to support:**

- Attendance at the CMSC Annual Meeting **and**
- Enable registration to sit for the MS Certified Nurse Examination (MSCN)

### **IMPORTANT NOTE:**

- Scholarship recipients participating in the 2020 Annual Meeting of the CMSC will be expected to arrange their schedules to allow time to participate in CMSC sessions of their choice.
- To attend the Scholar Recognition Luncheon on Thursday afternoon, May 28 at 12:00 pm – 2:00 pm.
- All expenses in excess of the scholarship funding are the personal responsibility of the scholar.
- Buffet meals are provided by the CMSC for meeting attendees. No other meal expenses will be covered by the scholarship funding.



- Scholarship recipients will be required to provide formal feedback on the benefits of the June Halper MS Nursing Scholarship. A post-meeting survey will provide feedback on the benefits of participation in the Annual Meeting.
- Those recipients who sit for the MS Nurses Certification examination will also receive surveys inquiring of the value and benefits of the scholarship in preparing to become a certified MS nurse.

**Submitted applications will be judged on a first-come, first-served basis until funding is depleted.**

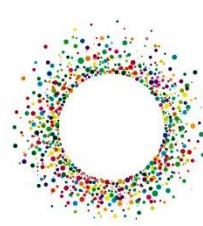
### **EVALUATION PROCESS & CRITERIA**

Scholarships will be awarded after review by the IOMSN scholarship review committee. Selection of qualified candidates is independent of the funding supporters.

Applicants should include a **statement of support** from their direct supervisor.

Applicants will be evaluated on plans to:

- Implement knowledge gained in clinical practice
- Share knowledge gained with others in his/her local program
- Share knowledge gained with others in other educational settings
- Provide follow-up information to scholarship committee and IOMSN organization upon request



**FOUNDATION**  
Of the Consortium of  
Multiple Sclerosis Centers

**FCMSC/EMD SERONO June Halper MS Nursing Scholarship  
2020 Annual Meeting of the Consortium of MS Centers  
APPLICATION FORM**

PLEASE PRINT CLEARLY

<b>Eligibility:</b> A LICENSED NURSING PROFESSIONAL WHO IS NOT CERTIFIED AS AN MSCN AND WHO WORKS IN MS CARE AND/OR RESEARCH.	
Name:	
Title:	Credentials:
Current Position:	
Home Address:	
Home City, State/Province:	
Home Zip/Postal Code:	Home Country:
Phone:	Cell:
Email:	Fax:
Affiliation:	
Address:	
City, State/Province:	
Zip/Postal Code:	Country:
Phone:	Fax:

Please provide the following additional information with this application form:

- **Brief biographical sketch of applicant**
- **Brief letter outlining your plans to implement the knowledge gained through this training opportunity**
- **Letter of recommendation and support from program director**

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.**

Program Director's Name: \_\_\_\_\_

Program Director's Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return your application via fax or email as soon as possible. Applicants will be judged on a first-come, first-served basis until funding is depleted.**

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