



NLM Grant Application

National Consortium of Breast Centers, Inc.

PO Box 1334, Warsaw, IN 46581-1334

Prerequisites for NCoBC 2025 Grant Consideration:

1. Has not attended the NCoBC Annual Interdisciplinary Breast Center Conference in the last 5 years.
2. Be a current NCBC Individual or Facility Member.
3. Be a practicing breast health professional or advocate.
4. Be able to pay their own registration for the NCoBC 2025 Conference (Must attend to win)
5. Be able to pay and make their own travel arrangements.
6. Consent to NCBC and MagView publicizing your name/photos for future marketing campaigns.

Other Notes:

1. The Natosha Lynne Morton Grant does not cover NCBC membership.
2. The grant will help offset your cost of hotel (up to 3 nights)
3. Deadline for application is January 10th, 2025
4. Winner will be announced on or before January 15th, 2025.

Overview

The Natosha Lynne Morton Grant, funded by MagView, provides recognition to breast health professionals who best exhibit character, compassion, and caring in conjunction with providing the best possible care to patients.

NCoBC2025, the 34th Annual Interdisciplinary Breast Center Conference, March 21-23, 2025 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.

Please fill out the following questionnaire completely and email to aerial@breastcare.org with the subject line of "NLM Grant Entry".

Also, email your two letters of reference. One from your supervisor and one from a patient or community leader to aerial@breastcare.org

Contact Information

Name _____
First M. I. (if used) Last

Professional Credentials (e.g. MD, PhD, RN) _____

Title/Position _____

Specialty _____

Department _____

Facility Name _____

Business Line _____ Direct Line _____

Business Email _____

Personal Information: In case of a job change, we can reach you regarding your application.

Home Address _____

City, State, Zip _____

Personal E-mail _____

Cell Phone _____

Application Questions

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

2. How do you contribute to the empowerment and encouragement of the other breast health professionals:

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

Signature _____

Date of Application _____