



North Carolina Oncology Management Society

SCHOLARSHIP APPLICATION

Full Name: _____

Home Address: _____

Phone (Work/Cell): _____

Employer Name: _____

Employer Address: _____

College/University (Name, Address, Phone): _____

Desired Degree or Certification (in cancer-related fields or occupations): _____

Class Start Date: _____ Class End Date: _____

Total Credit Hours Applying For: _____

Credit Hours Per Course (typically 3–4 per class): _____

New or Returning Applicant: _____

If Returning, Were You Awarded Last Year? _____

Scholarships are available to practices with an active NCOMS member.

Please provide the NCOMS member's name: _____

Required Supporting Documentation

Please submit the following items with this completed application:

1. An official list of registered courses from the school website or Registrar's Office (handwritten documents will not be accepted).
2. Total tuition cost for the semester or certification program.
3. Documentation of financial aid applied for and/or awarded.
4. A short essay (100 words or less) addressed to the NCOMS Board explaining:
 - o Why you are applying for this scholarship
 - o Your career growth intentions
 - o How you will utilize this educational assistance in the field of oncology

Additional Information

Have you received any other reimbursement for this expense? _____

Does your employer/practice offer a tuition reimbursement program? _____

If yes, amount reimbursed: _____

Have you received or do you anticipate receiving any additional financial assistance for this expense?

I attest that all information provided in this application is truthful and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____