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 active NCOMS members and their direct team members.
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:
    - Why you are applying for this scholarship
    - Your career growth intentions
    - How you will utilize this educational assistance in the field of oncology

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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:** _____