

***NORTH CAROLINA ONCOLOGY MANAGEMENT SOCIETY***  
**SCHOLARSHIP APPLICATION**

**Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (wk/cell): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

College/University: (name, address, phone): \_\_\_\_\_

Desired Degree/Certification: \_\_\_\_\_

Class Start/End Date: \_\_\_\_\_

New or returning applicant? \_\_\_\_\_

Last year awarded? \_\_\_\_\_

**Please submit the following items along with this application:**

- Official list of registered classes/course from school website or Registrar's office. No handwritten information will be accepted.
- Total cost of tuition for the semester/certification. (Books, membership dues, insurance fees, lab fees, etc. are NOT included the scholarship).
- Financial Aid applied for or granted.
- A short essay (100 words or less) to the NCOMS Board stating why you are applying for this scholarship and what your intentions are for career growth and how you will utilize this education assistance in the field of Oncology.