



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? \_\_\_\_\_

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#### 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

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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?  
\_\_\_\_\_

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

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