



## The CCSI Charitable Fund Scholarship Application

To apply for The CCSI Charitable Fund Scholarship, please complete the following and submit to:

The CCSI Charitable Fund Scholarship Committee  
Attention: Project Manager  
210 W. McKinley Ave., Suite 1, Decatur, Illinois 62526

### I. PERSONAL

Name

Address

City, State, Zip

Email Address

Home Phone

Healthcare Professional

Student

Other

### II. EMPLOYMENT

Do we have your permission to contact?  Yes  No

Current Employer

Length of Employment

Address

Supervisor Name

Phone

### III. EDUCATION

Do we have your permission to contact?  Yes  No

### IV. ADDITIONAL INFORMATION

\$ Amount requested (max \$1,000)

Date Needed

Purpose (Workshop, Course, Conference, etc.)

**V. LETTER OF APPLICATION.** Please attach a letter of application describing (1) the education development opportunity for which you are requesting scholarship assistance., and (2) how this program would help you improve treatment and care for oncology and/or hematology patients.

*I hereby verify that the information provided on this application is true and accurate. Further, I understand the CCSI Charitable Fund reserves the right to use the names and photos of Scholarship recipients for publicity purposes and hereby grant full permission for the release of my name and photo if I am the recipient of a CCSI Charitable Fund Scholarship.*

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Applicant Signature / Date