

# EAO-CRC

## SUMMIT 2016

The Colon Cancer Challenge Foundation (CCCF) is pleased to announce the limited availability of \$500.00 scholarships for the 2<sup>nd</sup> Annual Early Age Onset CRC Summit taking place on March 18<sup>th</sup> and 19<sup>th</sup>, 2016. The Summit will take place at EmblemHealth – 55 Water Street, New York, NY.

### **PLEASE NOTE:**

- Summit scholarships are available to colon or rectal patients, family members, or caregivers.
- Scholarship funds will be provided to recipient within 2 weeks of the Summit (April 1, 2016.)
- The decision of the Scholarship Committee is final.
- Personal and financial information is confidential.
- Deadline for submission of application is: **Friday, February 26, 2016**

To apply, please print the application and complete and return with required documents to the CCCF office by **February 26, 2016** *Note:* Incomplete and/or late applications will not be processed. If you have any questions, please contact CCCF at 914.305.6674 or [info@coloncancerchallenge.org](mailto:info@coloncancerchallenge.org)

Thank you for your interest and we look forward to hearing from you.

### **APPLICANT REQUIREMENTS:**

1. Attendance of entire EAO CRC Summit (March 19, 2016) - If you haven't registered for the Summit yet, please do so by February 26, 2016 (Failure to register for the Summit results in disqualification.)
2. Contribution of volunteer time *on-site*. Details will be forwarded prior to the Summit
3. Submission of a brief (250 words max) personal overview of the Summit and how it impacted you. The overview must be submitted to the CCCF office and received by 5:00pm PST on April 15, 2016, in order to be published in CCCF's Spring Quarterly Newsletter.
4. Scholarships will be awarded based in-part on the following criteria: 1) financial need; 2) applicant's involvement in CRC advocacy/awareness; 3) how applicant's new/expanded knowledge will impact/benefit not only themselves, but other Colorectal cancer patients in their community; 4) personal references.

# 2016 EAO-CRC SCHOLARSHIP APPLICATION

Applicant's Full Name: \_\_\_\_\_

Check one:  Mr.  Ms.  Mrs.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

I am a:  Patient  Family Member  Advocate  Other: \_\_\_\_\_

1) If a **colorectal cancer patient**, please tell us about your CRC experience:

Area/s affected: \_\_\_\_\_

Cause (if known): \_\_\_\_\_

Date of onset: \_\_\_\_\_ Age at onset: \_\_\_\_\_

Who diagnosed you? \_\_\_\_\_

If *primary*, do other family members have CRC?  Yes  No

2) **Biographical Sketch**

Please attach a 1-2 page biographical sketch. Be sure to include the following: **a)** a brief overview of who you are and what you do; **b)** a brief history of your or your family member's CRC (if a patient or parent), **c)** if a patient advocate, an overview of your activities/involvement; **d)** reason for attending the EAO CRC Summit; **e)** how you will use/share with others what you learn at the Summit; **f)** why you are applying for a financial aid scholarship.

I am currently on disability and unable to work. (*Please include details in your biographical sketch.*)

I am retired.

I am not currently employed. (*Please include details in your biographical sketch.*)

I am currently employed:

Name of your employer/company: \_\_\_\_\_

Your title/position: \_\_\_\_\_

How long have you been affiliated with above? \_\_\_\_\_

Are you self-employed?  Yes  No If yes, for how long? \_\_\_\_\_

Type of business: \_\_\_\_\_

**Colon Cancer Challenge Foundation**

10 New King Street, Suite 202, White Plains, NY 10604

Tel: 914.305.6674 Fax: 914.305.6675 Email: info@coloncancerchallenge.org

## 2016 EAO-CRC SCHOLARSHIP APPLICATION

### 3) **IMPACT**

How will you use your new knowledge to assist other patients and family members, and/or impact the state of young adult colorectal care and awareness in your community (advocacy, running a support group, bringing information about young adult colorectal cancer to local hospitals/doctor's offices/clinics, etc.)?

*Note: maximum 200 words. Use separate sheet if desired.*

### 4) **PARTICIPATION**

Scholarship recipients are required to participate in the EAO-CRC Summit beyond simple attendance. At least two (2) hours of volunteer time will be required on-site. In addition, all recipients will be required to write a final report: to be sent directly to CCCF, and be published in *the CCCF Quarterly newsletter*. Detailed guidelines will be provided.

By applying for this scholarship, you are indicating that you agree to these requirements.

By initialing here, I agree to fulfill these requirements if awarded a scholarship.

## 2016 EAO-CRC SCHOLARSHIP APPLICATION

### 5) PERSONAL REFERENCES

Please list three (2) personal character references (not family members):

• Name: \_\_\_\_\_

Relationship:

My doctor  My therapist  Friend  My employer  Colleague  Other

City/State: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

E-mail: \_\_\_\_\_

Years you have known this person: \_\_\_\_\_

• Name: \_\_\_\_\_

Relationship:

My doctor  My therapist  Friend  My employer  Colleague  Other

City/State: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

E-mail: \_\_\_\_\_

Years you have known this person: \_\_\_\_\_

6) Will you attend the EAO CRC Summit if you do not receive a scholarship?  Yes  No

**If no**, why not?

7) Any additional comments:

**Your signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_