



BCC Foundation
Donna Johnson Memorial Continuing
Education Scholarship Application

to provide scholarships to individuals who are committed to the field of oncology and are pursuing continuing education through a local, regional or national oncology conference.

Annually, four \$250 scholarships will be awarded to qualified individuals.

Application

In order for your application to be considered, it must be received before the date of the conference and a receipt of the conference fee's (and/or other expenses incurred due to the attendance of the conference) and agenda must be attached to the application.

If submitting an application by mail, it must be addressed to:

Bismarck Cancer Center Foundation
Attn: Tara Schilke
500 N 8th St
Bismarck, ND 58501

If submitting an application by email, please send to tschilke@bismarckcancercenter.com

Application Form

The Bismarck Cancer Center Foundation will acknowledge the receipt of your application. If you do not receive an acknowledgement of receipt, call 701.222.6111. The Foundation accepts no liability for applications lost in transit, incomplete applications or applications which arrive after the priority deadline of the date before the start of the conference. An incomplete application will not be considered. The BCC Foundation Donna Johnson Memorial Continuing Education Scholarship is awarded only for individuals who are attending an oncology related conference.

You must enclose a copy of your current license.



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Personal Information

Last Name First Name Middle Initial

Date of Birth

Mailing Address Street City/State Zip

Telephone

If working, number of hours you are working per week? And where?

Email Address

Name of Local/Hometown Newspaper Street/PO Box City/State Zip

List your community involvement:

Conference Information

Conference you will be attending

Location of conference-City, State

Date of conference

Hardship: (Why this scholarship would help with expenses you will personally incur)

Authorization

I hereby certify that to the best of my knowledge the information on this application is true. My signature on this application authorizes BCC Foundation dissemination of scholarship application and awards information as considered necessary and appropriate by BCC and the BCC Foundation.

Signature of Applicant

Date



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This portion to be complete by applicant:

Name of Applicant: _____
Last First Middle Initial

Write a short essay on why you became an Oncology professional and what it means to you.