



## STIPEND APPLICATION FORM for a CCI (SIOP) Conference

### - Annual (global) or Regional

Every year Childhood Cancer International makes available a limited amount of funding to cover the participation of delegates from CCI member organisations. This is both from CCI general funds as well as funding offered by member organisations who have the desire to assist parents or survivors attend a conference by donating to the Parents Helping Parents Fund (PHP Fund) or through their existing twinning relationships.

#### ***Important information***

Please send the completed stipend application form by email to:  
CCI Head Office (The Netherlands)

Email: [headoffice@cci.care](mailto:headoffice@cci.care); cc: [programmamanager@cci.care](mailto:programmamanager@cci.care); cc: [director@cci.care](mailto:director@cci.care)

- All applications for a stipend must include a **letter of endorsement** of the applicant from their CCI member organisation, as well as a **copy of the audited financial statement report (AFS)** of the organisation. The AFS must be the most recent available and have been completed not more than 18 months prior to the submission of the application.
- The **stipend policy** for allocation will be sent to you. Please read it thoroughly.
- All application forms, with the required documentary support, must be submitted before the deadline as stipulated in the conference announcements. To allow time for visa application, booking flights, hotels etc, it is strongly recommended that application for the CCI Annual Conference is submitted **three/four** months (or even earlier) before the start of the conference and **two** months before the start of Regional Conference/Meeting starts.
- Stipend recipients are usually notified **two/three** months before the CCI Annual Conference starts and at least **one** month before the Regional Conference/Meeting starts.
- All CCI Annual Conference stipend recipients can take advantage of the **early bird registration** on site.

**APPLICATION** (please fill out all pages – incomplete forms will not be accepted)

Name and date of meeting/conference: [ \_\_\_\_\_ ]

Family name: [ \_\_\_\_\_ ]

First name: [ \_\_\_\_\_ ]

parent       CCI Member staff/ volunteer

survivor       other, namely [ \_\_\_\_\_ ]  
(tick category, can be more than one)

Representing (name of the organization): [ \_\_\_\_\_ ]

Position in the organization [ \_\_\_\_\_ ]

Address of the organization [ \_\_\_\_\_ ]

Zip code [ \_\_\_\_\_ ] City [ \_\_\_\_\_ ]

Country [ \_\_\_\_\_ ]

Phone (country-area-local) [ \_\_\_\_\_ ]

E-mail [ \_\_\_\_\_ ]

Full CCI Member       Associate CCI Member

Provisional CCI membership (have Regional Committee and CCI Board approval)

Not a current member but have been or applied for CCI membership in the past

**Financial position of the organization** (please fill out all questions)

Organization's yearly budget: [ \_\_\_\_\_ ]

Purposes for which current funds are used:

[ \_\_\_\_\_ ]  
[ \_\_\_\_\_ ]

Why can't your organisation pay the travel, housing, and registration for the conference/regional meeting?

[ \_\_\_\_\_ ]  
[ \_\_\_\_\_ ]

Which kind of stipend do you need to attend the conference?

Partial stipend (to cover either flights/ accommodation/ allowance for meals/ registration fee, or a combination of these)

General stipend (to cover all the expenses: flights, accommodation, and registration fee)

What are the estimated travel costs for the conference? (include flights, registration, accommodation, local transportation and other).

[ \_\_\_\_\_ ]

What amount did your organization budget for the conference/regional meeting; what portion of the costs can your organisation cover?

[ \_\_\_\_\_ ]

Have you or has your organization applied for funding to attend the annual conference/regional meeting from other sources?  YES  NO

If yes, from which companies or organization(s)?

[ \_\_\_\_\_ ]

How much did you ask for and how much have/will you receive?

[ \_\_\_\_\_ ]

Has your organization previously received a CCI stipend?

If yes, which years? [ \_\_\_\_\_ ]

Was the last assistance provided adequate?

If, no. Why not? [ \_\_\_\_\_ ]

How has previous conference attendance and stipend support helped you as an individual and/or your organisation?

[ \_\_\_\_\_ ]

**Details of the organisation's bank account:**

(Please note that funds will not be paid into individual's bank accounts but only into the organisational/business bank accounts of CCI members.

Name account holder: [ \_\_\_\_\_ ]

Address account holder: [ \_\_\_\_\_ ]

Account number: [ \_\_\_\_\_ ]

IBAN or SWIFT (or both): [ \_\_\_\_\_ ]

Name of the bank: [ \_\_\_\_\_ ]

Address of the bank: [ \_\_\_\_\_ ]

Country Clearing Code (where relevant): [ \_\_\_\_\_ ]

**Please return this form as soon as possible to:**

The CCI global administration Office, THE NETHERLANDS

Email: [headoffice@cci.care](mailto:headoffice@cci.care) cc: [programmemanager@cci.care](mailto:programmemanager@cci.care) cc: [director@cci.care](mailto:director@cci.care)