



corecompassion

— PROJECT —

CORE COMPASSION PROJECT APPLICATION

SECTION I: PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip code _____

Home phone _____ Cell phone _____

E-mail _____

Date of Birth _____

Emergency Contact Name _____

Emergency Contact Phone _____

Are you currently working? _____ Yes _____ No

What are your goals with this program? _____

Please explain your financial need, if any, AND other need (physical, emotional, mental, etc.) for this scholarship; feel free to attach additional paper should you require more space for this answer.

(continue to page two of application)

SECTION II: PERSONAL HISTORY

Date of Surgery _____/Type of Surgery _____

Treatment (date and type) _____

Have you completed treatment? (date) _____

Are you currently on continued cancer medication? _____

Side effects (?) _____

Do you have any other medical condition? _____

Any other prescribed medication? _____

Any other injury we need to be aware of? _____

Are you working with a Lymphedema Specialist? _____

SECTION III: RISK ASSESSMENT

Prior to diagnosis were you physically active? _____

What type of exercise were you engaged in? _____

How often were you exercising each week prior to your diagnosis? _____

What is your preferred training schedule? (days/hours of availability) _____

Please mail completed application to:

Core Compassion Project

Attn: Scholarship Coordinator

P.O. Box 1113

Monroe, N.C. 28111

****Application must be completed in its entirety in order for an applicant to be considered for a Core Compassion Project scholarship.****
