



SCHOLARSHIP 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.

Please tell us how you found out about Core Compassion Project: _____

(continue to page two of application)

SECTION II: PERSONAL HISTORY

Date of Surgery _____/Type of Surgery _____

Was a flap preformed for reconstruction, if so what type of flap _____

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 injury we need to be aware of? _____

Any other prescribed medications? _____

Have you had lymph node dissection? _____

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

4705 Indian Trail Fairview Road

Indian Trail, N.C. 28079

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