



corecompassion®  
— PROJECT —

**RECIPIENT PILATES SCHOLARSHIP APPLICATION**  
**TO BE SUBMITTED AT COMPLETION OF TREATMENT**  
**(With the exception of hormone/targeted therapy)**

**SECTION I: PERSONAL INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_ County \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Ethnicity\_(Optional) \_\_\_\_\_  
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: MEDICAL HISTORY

Date of Surgery \_\_\_\_\_ Type of Surgery \_\_\_\_\_

Was a flap preformed for reconstruction. If so what type of flap \_\_\_\_\_

Treatment: Did you have Radiation? (yes/no) \_\_\_\_\_ Date Completed \_\_\_\_\_

Did you have Chemotherapy? (yes/no) \_\_\_\_\_ Date Completed \_\_\_\_\_

If you had a port has it been removed? \_\_\_\_\_

Are you on continued cancer hormonal or targeted therapy medication \_\_\_\_\_

Side effects (?) \_\_\_\_\_

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Have you had lymph node dissection? \_\_\_\_\_

Are you working with a Lymphedema Specialist? \_\_\_\_\_

Do you have any other medical conditions? \_\_\_\_\_

Do you have any other prescribed medication? \_\_\_\_\_

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Do you have any other injury we need to be aware of? \_\_\_\_\_

## SECTION III: RISK ASSESSMENT

Prior to diagnosis were you physically active? \_\_\_\_\_

What type of exercise were you engaged in? \_\_\_\_\_

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How often were you exercising each week prior to your diagnosis \_\_\_\_\_

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

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Please mail completed application to:

Core Compassion Project

Attn : Scholarship Coordinator

4705 Indian Trail Fairview Rd

Indian Trail, NC 28079

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

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