



ovarian cancer  
alliance of ohio

[www.ocado.org](http://www.ocado.org)

614-546-9498

## **2018 OCAO Scholarship Application to Attend the OCRFA Conference July 13<sup>th</sup> – 16<sup>th</sup>**

**Completed applications are due no later than **May 11<sup>th</sup> 2018**.**  
Return to [info@ocado.org](mailto:info@ocado.org), or mail to our office at 4900 Reed Rd  
Suite 331 Columbus OH 43220.

Please consider whether or not you are healthy enough to attend. If you are concerned about your health and your ability to attend the conference, we encourage you to apply only when you are reasonably confident that you would be able to attend if offered a scholarship.

We receive several applications and have limited funding; we encourage all applicants to complete the application in its entirety, and to provide thoughtful answers that provide as much information as possible.

Please note: All communications about the status of your application will be communicated email or phone. Please provide correct contact information you check regularly.

Individuals will receive full scholarships that include conference registration, travel and hotel (three nights). Please visit the OFCRA website to see more information about the conference.

*Please print all your answers*

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Have you received scholarship funding from OCAO in the past?

Yes or No (Circle One)

If "yes" what year did you last attend the conference? \_\_\_\_\_

Please indicate the following:

*Please make between 1 and 4 selections from the choices below.*

- I am an ovarian cancer survivor/patient
- I am a caregiver to a woman with ovarian cancer
- I am a family member of a woman with ovarian cancer
- Other

If you are a survivor when approx. were you diagnosed? \_\_\_\_\_

If you selected "Other" please elaborate your response.

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Please tell us why it is important for you to attend the Ovarian Cancer National Conference. Include why this experience would be meaningful and what it would mean for you and your cancer journey.

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**Please read the statements below and initial to indicate your agreement with our scholarship policies:**

- \_\_\_ I understand should I be chosen to receive a scholarship I will share a room with another scholarship recipient of the same gender
- \_\_\_ I understand if chosen as a scholarship winner, I agree to attend all sessions throughout the weekend
- \_\_\_ I understand if chosen as a scholarship winner and I accept the scholarship, I agree to notify OCAO as soon as possible and forego my scholarship if I become unable to attend the entire conference.
- \_\_\_ I understand if chosen as a scholarship winner, I agree to be photographed and allow OCRFA and the OCAO to use those photographs for marketing purposes in the future.
- \_\_\_ I certify the statements and responses in this application are true to the best of my knowledge

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_