Stipend application form for the CCI/SIOP Conference and CCI Regional Conference or Meetings

Please send the completed stipend application form by email to:

CCI Head Office
THE NETHERLANDS
Email: headoffice@cci.care
Cc: admin@cci.care

Like other years CCI has set aside a limited amount to cover the participation of delegates from parent organizations. Additionally, several member organizations will provide a number of stipends through the Parents Helping Parents Fund (PHPF) or through their existing twinning relationships.

Important information

- All applications for a stipend must include a letter of endorsement of the applicant from their CCI member organization, as well as a copy of the audited financial report of the organization. The audited financial report 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 is attached. Please read it thoroughly.

- All application forms, with the required documentary support, must be submitted before the deadline as stipulated in the conference announcements. **NOTE:** It is strongly recommended that application for the CCI Annual Conference be submitted four months before the start of the conference and two months before the start of Regional Conference/Meeting starts.

- Any forms received after published deadline dates will not be considered.

- Stipend recipients will be notified at least 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    ☐ professional    ☐ other, namely ______________________________ (tick category)

Representing (name of the organization): ______________________________________

Position in the organization: _________________________________________________

Address of the organization: _________________________________________________

Zip code ________________ City ________________________________________________

Country _________________________________________________________________

Phone (country-area-local): _________________________________________________

Fax (country-area-local): ____________________________________________________

E-mail: __________________________________________________________________

☐ CCI Member    ☐ Associate Member CCI
☐ Provisional CCI membership    ☐ has applied for CCI membership
☐ not a CCI member

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 organization pay the travel, housing and registration for the conference/regional meeting?

........................................................................................................................................

........................................................................................................................................

What are the estimated travel costs for the conference? ........................................

What amount did your organization budget for the conference/regional meeting?

..............................................................

Have you or has your organization applied for funding to attend the annual conference/regional meeting form other sources? ☐ YES  ☐ NO
If yes, which organization(s)?
……………………………………………………………………………………………………………………………………………………

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

Has your organization previously received any CCI stipend?
If yes, which years?
……………………………………………………………………………………………………………………………………………………

Was the last assistance provided adequate?
If, no. Why not?
……………………………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………………………

To what extent do you think it helped you as an individual and/or your organization?
……………………………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………………………

Details of the organization’s bank account:
Name account holder: ...........................................................................................................
Address account holder: ...........................................................................................................
Account number: ....................................................................................................................
IBAN: ...........................................................................................................................
SWIFT: ............................................................................................................................
Name bank: .........................................................................................................................
Address bank: .....................................................................................................................
Country Clearing Code .....................................................................................................

Please return this form as soon as possible to
Lex Kuiper, CCI Administrative Officer
CCI Head Office
THE NETHERLANDS
Email: headoffice@cci.care
Cc: admin@cci.care