



## 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](mailto:headoffice@cci.care)  
Cc: [admin@cci.care](mailto: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 (tick category)

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 from 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 an 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](mailto:headoffice@cci.care)  
Cc: [admin@cci.care](mailto:admin@cci.care) Email: [headoffice@cci.care](mailto:headoffice@cci.care)  
Cc: [admin@cci.care](mailto:admin@cci.care)