



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 **three to 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 **two/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)

Provisional CCI membership has applied for CCI membership in previous years

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?

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What are the estimated travel costs for the conference?

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

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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)?

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

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Has your organization previously received an CCI stipend?

If yes, which years?

Was the last assistance provided adequate?

If, no. Why not?

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

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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

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