



SCCRA
South Carolina Cancer Registrars Association

| SCCRA SCHOLARSHIP APPLICATION | | |
|--|--------------|----------|
| Last Name: | First Name: | |
| Mailing Address: | | |
| Street | | |
| City | State | Zip Code |
| Phone Number: | | |
| Current ODS Program: | | |
| Are you a member of SCCRA? | | |
| When are you anticipating taking the NAACCR ODS Prep Course? | | |
| When are you planning on sitting for your exam? | | |
| Have you applied for this scholarship previously? | If so, when? | |
| Please tell us why you desire this scholarship | | |