



## Boston North Cancer Association Professional Development Grants Program Application Form

### Professional Development Grants Program

The purpose of Boston North Cancer Association's Professional Development Grants Program is to improve the detection and treatment of cancer by funding educational and skills training opportunities for medical professionals who practice in communities north of Boston. In doing so, Boston North Cancer Association (BNCA) will help improve the health and well being of cancer patients and cancer survivors.

Priority consideration is given to applicants requesting funds for professional development opportunities that will fulfill certification/licensure or continuing education unit (CEU) requirements.

Professional Development Grant requests are limited to the following expenses:

- Conference/Training Registration Fees (excluding late registration fees), will be paid in full.
- Hotel accommodations will be reimbursed at 50% of the total cost.  
(Limited to standard room rate for overnight stays required due to location and only for the length of the conference/training).
- Travel by air, train or bus will be reimbursed at 50% of the total cost.  
(Travel in economy class only. Travel dates must fall immediately before and after the conference/training).

### Eligibility Requirements

Applicants must meet the following criteria:

- Active Certification/Licensure as a medical or paramedical professional.
- Primary focus of position is cancer detection and/or treatment.
- Practice/work at an accredited medical facility in a community served by BNCA.\*  
(For a list of communities served, please see last page).

### Application Process

Applications are accepted on a rolling basis. Please visit [www.bostonnorthcancer.org](http://www.bostonnorthcancer.org) to download an application and apply online. **Only online applications will be accepted.** Applications are reviewed on a bimonthly basis – January, March, May, July, September and November. If your application requires consideration before one of the scheduled review times, BNCA will consider applications on a case-by-case basis but cannot guarantee a response by the time needed. For questions, please email [grants@bostonnorthcancer.org](mailto:grants@bostonnorthcancer.org) or call 508-641-7900. Receipt of your application will be acknowledged when you apply online.

### Conditions and Procedures for Professional Development Grant Recipients

Applicants selected for professional development grant awards must submit receipts to BNCA for conference/training registration, travel expenses, and/or hotel accommodations in order to receive funds awarded by BNCA for these expenses. BNCA will only issue payment for the dollar amount(s) approved for each expense at the time the grant was approved. The grant recipient is responsible for any dollar amount beyond the dollar amount approved by BNCA.

BNCA will distribute funds directly to the grant award recipient by check. It is the responsibility of the grant recipient to submit receipts. BNCA will hold \$100 of the total amount approved for conference/training registration, travel expenses, and/or hotel accommodations. This amount will be paid to the grant recipient upon receipt of an evaluation after the conference/training is completed.

All eligible receipts and the evaluation must be received by Boston North Cancer Association within 60 days of the conference/training start date for payment to be issued. BNCA will NOT issue any payments for approved expenses after 60 days from the conference/training start date.

**I. APPLICANT INFORMATION**

Name \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

Office Phone \_\_\_\_\_ Office Email \_\_\_\_\_

Website \_\_\_\_\_

Does your company offer reimburse for education? Yes  No  Did you apply for reimbursement? Yes  No

Were you approved for reimbursement? Yes  No  Amount Approved \$ \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home/Cell Phone \_\_\_\_\_ Home Email \_\_\_\_\_

**II. GRANT REQUEST**

**Name of professional development opportunity for which you are applying**

\_\_\_\_\_

Address \_\_\_\_\_

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

**Cost per person for registration** (excludes late registration fee) \$ \_\_\_\_\_

**Start Date** \_\_\_\_\_ **End Date** \_\_\_\_\_

**Registration deadline for the professional development opportunity** \_\_\_\_\_

*Note: Boston North Cancer Association does not fund late registration fees.*

**Will you receive certification/licensure or continuing education units (CEUs) for completing the conference/training for which you are applying?**

Yes  No  If yes, please answer the following:

1. Specify the certification/licensure or continuing education unit: \_\_\_\_\_

2. Is this certification/licensure or continuing education unit (CEU) required for your current employment? \_\_\_\_\_

**Name of your Supervisor** \_\_\_\_\_

Supervisor Phone \_\_\_\_\_ Supervisor Email \_\_\_\_\_

(The applicant's supervisor may be contacted by a member of Boston North Cancer Association's Professional Advisory Committee to verify the application).

Please itemize the expenses that would be covered by the amount requested.

**EXPENSES**

**AMOUNT**

1. **Conference/Training Registration** (*Excludes late registration fees*) \$ \_\_\_\_\_

2. **Hotel Accommodations** (*Will allow 50% of total amount*) \$ \_\_\_\_\_

*Limited to standard room rate only for overnight stays required due to location and only for the length of the conference/training.*

Name of Hotel \_\_\_\_\_

Hotel Address \_\_\_\_\_

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

Room Type \_\_\_\_\_ Nightly Rate \$ \_\_\_\_\_ Length of Stay \_\_\_\_\_

3. **Travel** (*Will allow 50% of total amount*) \$ \_\_\_\_\_

*By air, train or bus (Travel only in economy class. Dates must fall immediately before and after the conference/training).*

*Note: Car rentals, cab fare and car services are not funded.*

For travel by air, train or bus, please provide:

Name of mode of transportation (airline, etc.) \_\_\_\_\_

Dates of Travel \_\_\_\_\_

Cost for Round Trip Ticket \$ \_\_\_\_\_ Seating Class \_\_\_\_\_

**TOTAL AMOUNT REQUESTED:** \$ \_\_\_\_\_

**III. ESSAY** – Please answer the following.

**Describe your reason for selecting this specific professional development opportunity.**

**Explain what knowledge/skills you will learn from this professional development opportunity and how you will incorporate what you have learned into your work.**

**IV. DOCUMENTATION**

Please provide the website address or a digital copy of the professional development opportunity brochure and registration form. The materials must include a description of the program for which you are requesting a grant and the fees associated with participation.

Check one:

**Website Address:** \_\_\_\_\_

**Copy of brochure and registration form**

**V. TERMS OF AGREEMENT**

As a condition of receiving a professional development grant from Boston North Cancer Association, you agree to adhere to the following conditions and procedures for professional development grant recipients.

Applicants selected for professional development grant awards must submit receipts to BNCA for conference/training registration, travel expenses, and/or hotel accommodations in order to receive funds awarded by BNCA for these expenses. BNCA will only issue payment for the dollar amount(s) approved for each expense at the time the grant was approved. The grant recipient is responsible for any dollar amount beyond the dollar amount approved by BNCA.

Boston North Cancer Association will distribute funds directly to the grant award recipient by check. It is the responsibility of the grant recipient to submit receipts.

Boston North Cancer Association will hold \$100 of the total amount approved for conference/training registration, travel expenses, and/or hotel accommodations. This amount will be paid to the grant recipient upon receipt of an evaluation form after the conference/training is completed/proof of attendance.

All eligible receipts and the evaluation form must be received by Boston North Cancer Association within 60 days of the conference/training start date for payment to be issued. BNCA will NOT issue any payments for approved expenses after 60 days from the conference/training start date.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The Boston North Cancer Association, Inc. (formerly Lynn Cancer Association, Inc.) is a non-profit organization dedicated to cancer treatment, prevention, education and care in communities north of Boston\*. Founded in 1944, Boston North Cancer Association has awarded more than \$1M in funding for these purposes to benefit residents in communities north of Boston. The organization is solely funded through private contributions and bequests.

\* Boston North Cancer Association serves communities in Essex County, Massachusetts.

Amesbury	Hamilton	Methuen	Salem
Andover	Haverhill	Middleton	Salisbury
Beverly	Ipswich	Nahant	Saugus
Boxford	Lawrence	Newbury	Swampscott
Danvers	Lynn	Newburyport	Topsfield
Essex	Lynnfield	North Andover	Wenham
Georgetown	Manchester-by-the-Sea	Peabody	West Newbury
Gloucester	Marblehead	Rockport	
Groveland	Merrimac	Rowley	