



# ESO CAS Financial Aid Request

Please complete this form in order to apply for a financial contribution to the tuition fee of one of ESO's Postgraduate Programmes below:

- Certificate of Competence in Lymphoma
- Certificate of Competence in Breast Cancer
- Certificate of Advanced Studies in Thoracic malignancies
- Certificate of Advanced Studies in Gastrointestinal cancers
- Certificate of Advanced Studies in Prostate cancer
- Certificate of Advanced Studies in Gynaecological cancers

ESO is not able to waiver the whole tuition fee so please expect to pay a contribution yourself.

Please only complete this form once you have been accepted to the programme and return it to [azampetti@eso.net](mailto:azampetti@eso.net)

<b>Name:</b>	
<b>Surname:</b>	
<b>Address:</b>	
<b>City, Country, Post Code:</b>	
<b>Telephone:</b>	
<b>Email:</b>	
<b>Date of Birth:</b>	
<b>For which Postgraduate Programme certificate have you been accepted:</b>	
<b>Are you a member of the ESO College:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>How much financial aid are you requesting:</b>	
<b>Have you received financial aid from ESO in the past?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, please state how much you received and what it was for:</b>	
<b>Have you received or do you plan to request financial aid from any other third parties?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, from who and how much?</b>	
<b>Are you able to help promote ESO activities to other oncology professionals in your area?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, do you have any ideas on how you can help us with promotion?</b>	