



Diabetes Scholars Foundation
CWD Friends for Life Conference - UK International Conference
Deadline: Applications must be postmarked by September 15, 2010

THIS APPLICATION MUST BE TYPED

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Spouse's Name: _____

Name of Child with Diabetes: _____ Date of Birth: _____ Age on 10/29/10: _____

Date of Diagnosis: _____

Name of Child with Diabetes: _____ Date of Birth: _____ Age on 10/29/10: _____

Date of Diagnosis: _____

Name of Child with Diabetes: _____ Date of Birth: _____ Age on 10/29/10: _____

Date of Diagnosis: _____

List names and ages of other children who would attend the conference:

Name: _____ Date of Birth: _____ Age on 10/29/10: _____

Name: _____ Date of Birth: _____ Age on 10/29/10: _____

Name: _____ Date of Birth: _____ Age on 10/29/10: _____

Name: _____ Date of Birth: _____ Age on 10/29/10: _____



1. Describe your biggest challenge in caring for your child / children with diabetes:

2. Describe your past community involvement with diabetes awareness, education, or outreach.



3. State your expectations, purpose, and goals in attending the conference, including any plans to share your educational experience within your community.

4. Please provide a brief statement of financial need: Attach a copy of your 2009 Form P60 or evidence of unemployment benefit/income support (ie disability allowance, unemployment benefit, family tax credits).

If selected, my family and I agree to attend the Children with Diabetes **Friends for Life UK International Conference and Expo** at the *Beaumont House Hotel & Conference Venue, Old Windsor, Berkshire, England*, from October 29 – 31, 2010.

In consideration for accepting this scholarship, I/we understand and agree that our comments may be used in Children with Diabetes, Inc. and Diabetes Scholars Foundation literature.

Signature: _____ Date: _____



Checklist for Forms to Send

- _____ Completed Application (Typed not handwritten)
- _____ Copy of 2009 Form P60 or evidence of unemployment benefit/income support (ie disability allowance, unemployment benefit, family tax credits)

The Diabetes Scholars Foundation reserves the right to contact the applicant for further clarification and information if needed. Please state a day and time you would be available for contact.

Day: _____

Time: _____

E-mail completed applications by September 15, 2010 to m.podjasek@diabetesscholars.org.

Questions about the application or the application process may be emailed to conferencescholarships@diabetesscholars.org

Please **DO NOT** contact Children with Diabetes with questions about your scholarship application. The scholarship program is administered by the Diabetes Scholars Foundation, which is a separate, non-profit organization.