



**Family Application for CWD's Focus on Technology: Charlotte 2010 Conference
September 3-5, 2010**

Applications must be postmarked by August 1, 2010

**CWD Conference Family Scholarship Application
THIS 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 as of 09/03/10: _____

Name of Child with Diabetes: _____ Date of Birth: _____ Age as of 09/03/10: _____

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

Name: _____ Date of Birth: _____ Age as of 09/03/10: _____

Name: _____ Date of Birth: _____ Age as of 09/03/10: _____

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.

Diabetes Scholars



F O U N D A T I O N
empowerment through education

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 Federal Tax 1040 (Individual Income Tax Return), copy of W-2, as well as your last two pay stubs (two for each parent if you both work)

If selected, my family and I agree to attend the CWD **Focus on Technology Conference** at the Renaissance Charlotte Suites Hotel, Charlotte, North Carolina from September 3-5, 2010.

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

Signature: _____ Date: _____



Checklist for Forms to Send

- _____ **Completed Application (Typed, not handwritten)**
- _____ **Copy of 2009 Federal Tax Form 1040 (Individual Income Tax Return)**
- _____ **Copy of 2009 W-2**
- _____ **Copy of last two pay stubs (two each if both parents work)**

The 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: _____

Send completed applications postmarked by August 1, 2010 to:

Diabetes Scholars Foundation
Mary Podjasek
928 W. Hidden Hill Lane
Palatine, IL 60067

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

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