



**Diabetes Scholars Foundation
2012 College Scholarship Application
Application must be typed – handwritten applications will not be
accepted.**

Checklist

- 2012 Scholarship Application (Handwritten applications will not be accepted)
- Copy of Birth Certificate or Proof of Residency
- Letter of recommendation from physician or CDE in signed, sealed envelope
- Letter of recommendation from high school teacher, counselor, or coach in signed, sealed envelope
- Most recent high school transcript with GPA
- Personal essay
- Recent Photograph (preferably school picture)
- Release of health information

**This checklist must be completed and included
as the first page of your application**

This completed application package must be received by May 15, 2012.

THERE ARE NO EXCEPTIONS TO THIS DEADLINE!

Applications will not be returned to applicants

**Send via US Mail or overnight courier
with delivery confirmation to:**

**Diabetes Scholars Foundation
2118 Plum Grove Road
#356
Rolling Meadows, IL 60008**

Diabetes Scholars Foundation 2012 College Scholarship Application

About You

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

E-Mail (required) _____

Date of Birth: _____ Date of Diagnosis: _____

About Your Parents

Father's Name: _____

Cell Phone: () _____

E-Mail (required) _____

Mother's Name: _____

Cell Phone: () _____

E-Mail (required) _____

About Your High School

High School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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About College

To which colleges have you applied?

Have you been accepted to any colleges? If so, which schools? Intended Major?

About Your School Activities, Including Clubs and Sports, and/or Work Experience

1. Activity: _____
Position Held: _____
Years (Start/End Date): _____

2. Activity: _____
Position Held: _____
Years (Start/End Date): _____

3. Activity: _____
Position Held: _____
Years (Start/End Date): _____

4. Activity: _____
Position Held: _____
Years (Start/End Date): _____

5. Activity: _____
Position Held: _____
Years (Start/End Date): _____

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About Your Leadership Experiences

In your position as a leader, give one example of a contribution that you made to an organization.

About Your Volunteering / Community Involvement

Include contributions to the diabetes community (e.g., contributions to diabetes research or advocacy through fundraising, volunteering, public speaking, etc.).

1. Activity: _____
Position/Role: _____
Years (Start/End Date): _____

2. Activity: _____
Position/Role: _____
Years (Start/End Date): _____

3. Activity: _____
Position/Role: _____
Years (Start/End Date): _____

4. Activity: _____
Position/Role: _____
Years (Start/End Date): _____

5. Activity: _____
Position/Role: _____
Years (Start/End Date): _____

Scholarship Recommendation from Physician/Diabetes Educator

Dear Diabetes Care Provider:

Your patient, _____, has applied for the 2012 Diabetes Scholars Foundation College Scholarship.

Selection is based on:

1. Student is a U.S. citizen or permanent resident with diabetes
2. Contributions to the diabetes community through advocacy, fundraising, volunteering, etc.
3. Recommendations from their Physician or CDE, and a high school teacher or counselor
4. Participation in extracurricular activities
5. Personal essay

On the attachment, your patient has signed an authorization for you to provide information in support of their scholarship application. Please answer the following questions, seal this letter in envelope, sign across the seal, and give the envelope to the patient to return to us. Thank you.

Part I – Physician/Diabetes Educator’s Information

Physician/Diabetes Educators Name: _____

Address: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

Part II – Applicant’s Diabetes Care

The Diabetes Scholars Foundation seeks to offer college scholarships to young adults with Type 1 diabetes who are serious and active participants in their diabetes care. We fully appreciate how difficult diabetes care can be during adolescence and understand that not everyone will achieve an HbA1c that meets current recommendations. Thus, we are asking you to assess the applicant’s participation in their care. How would you rate this:

Applicant is very involved in their care and takes diabetes very seriously

Applicant is involved in their care and takes diabetes seriously

Applicant is somewhat involved in their care and understands the importance of diabetes care

Applicant is not involved in their care and doesn’t seem to understand the importance of diabetes care

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**Authorization for Release of Health Information
Diabetes Scholars Foundation College Scholarship
2012 Application**

Patient's Name: _____

Parent or Guardian's Name: _____

I authorize _____ to release health information to the Diabetes Scholars Foundation for the sole purpose of reviewing my child's application for the 2012 College Scholarship. I specifically authorize release of information pertaining to the care of my child who has diabetes. I understand that this information is only for purposes of reviewing the application and will not be shared with any other parties or for any other purpose.

Student's Signature: _____ Date: _____

Signed: _____ Date: _____
(Parent or Guardian if Student is under 18)

Applicant: Provide signed copy to your physician or CDE. This page may be copied for each health care provider to use.

Diabetes Scholars Foundation 2012 College Scholarship Application

**Diabetes Scholars Foundation
Scholarship Recommendation
High School Teacher or Counselor**

Your student, _____, has applied for the 2012 Diabetes Scholars Foundation College Scholarship.

Selection is based on:

1. Student is a U.S. citizen or permanent resident with diabetes
2. Contributions to the diabetes community through advocacy, fundraising, volunteering, etc.
3. Recommendations from their Physician or CDE, and a high school teacher or counselor
4. Participation in extracurricular activities
5. Personal essay

Instructions:

1. Please submit a separate, one page endorsement of the candidate. Tell us why you feel this candidate should be considered for the 2012 College Scholarship. Include examples of how this student has displayed excellence at school.
2. Please reference the student's name in your endorsement letter.
3. The endorsement must be printed on the school's letterhead.
4. Seal the endorsement in an envelope, sign across the seal, and give the envelope to the student to return to us with the complete scholarship application packet.

<p>Teacher or Counselor</p> <p>Name: _____</p> <p>Title: _____</p> <p>Telephone: _____ Email: _____</p> <p>I wish to endorse _____ as a candidate for the 2012 Diabetes Scholars Foundation College Scholarship. I have known the applicant for the period _____ to _____ in my capacity as _____.</p> <p>Student's ACT or SAT score: _____.</p> <p>Signature: _____ Date: _____</p>

Diabetes Scholars Foundation 2012 College Scholarship Application
Diabetes Scholars Foundation
College Scholarship Application 2012 Consent Form

The Diabetes Scholars Foundation will use the scholarship recipient's names and photographs in future marketing of the scholarships. We will NOT release or use the recipient's address, phone number or e-mail address.

I, _____, authorize the Diabetes Scholars Foundation to use my name and photo for future marketing purposes on their website, brochures or local newspapers.

Applicant's Signature & Date

Parent/Guardian Name (please print)

Parent/Guardian Signature & Date