



**Diabetes Scholars Foundation**  
**CWD Friends for Life Conference Family Scholarship Application**

**Deadline: Applications must be postmarked by April 15, 2012**

**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 7/3/12 \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Name of Child with Diabetes: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age on 7/3/12: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age on 7/3/12: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age on 7/3/12: \_\_\_\_\_



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

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

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

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4. Please provide a brief statement of financial need: Attach a copy of your 2011 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)

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If selected, my family and I agree to attend the Children with Diabetes **Friends for Life Annual International Conference** at the *Orlando World Center Marriott in Orlando*, Florida from July 3 – July 8, 2012.

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 2011 Federal Tax Form 1040 (Individual Income Tax Return)**
- \_\_\_\_\_ **Copy of 2011 W-2**
- \_\_\_\_\_ **Copy of last two pay stubs (two each if both parents work)**

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: \_\_\_\_\_

Send completed applications postmarked by April 15, 2012 to:

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

Questions about the application or the application process may be emailed to [conferencescholarships@diabetesscholars.org](mailto: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.