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Diabetes, Incorporated

serving the needs of people with diabetes

Community Contribution College Scholarship Application

*Students making a difference in our
community*

Print or type clearly. Applications must be postmarked by **April 15** of the current school year. Finalists will be notified by May 31. Finalists will be required to verify all data submitted. Preference will be given to past attendees of our Kamp for Kids. Awards will be mailed to scholarship winner's education institution prior to semester enrolled. Award will be split between Spring and Fall semesters. (Please complete all pages.)

Student Information

Name _____

Address _____

City _____ State _____ ZipCode _____

Phone number (____) _____ E-mail _____

Person in immediate family with diabetes _____

Name of high school _____

H.S. Graduation Year _____

Address of high school _____

City _____ State _____ Zip Code _____

High school's Phone Number _____

High school Guidance Counselor's Name _____

Highest composite SAT or ACT score _____

What is your QPA/GPA? _____ Approximate Average

<input type="checkbox"/>	A+	<input type="checkbox"/>	A	<input type="checkbox"/>	A-	<input type="checkbox"/>	B+	<input type="checkbox"/>	B	<input type="checkbox"/>	B-
<input type="checkbox"/>	C+	<input type="checkbox"/>	C	<input type="checkbox"/>	C-	<input type="checkbox"/>	Other				

Community Contribution

Briefly describe an activity in which you have participated that demonstrates your commitment to your community. (50 words or less)

Future Plans: What college, university or other school you will attend?

Name: _____ Registration Date Fall: _____

Address: _____

City _____ State _____ Zip _____ Registration Date Spring _____

Phone Number: _____

Honors and Awards

List any academic, community, or school related honors or awards you have received:

Essay: Please submit an essay of approximately 100 words on "How my Life has been affected by Diabetes"

