

October 30, 2009

Central Ohio Diabetes Association announces Diabetes Scholarship Program for the 2010 School Year

Application deadline is February 5, 2010

As part of its ongoing commitment to youth with diabetes, the Women's Board of Central Ohio Diabetes Association will once again offer the College Scholarship Program to assist students with diabetes who will be attending an accredited public or private institute of higher learning in the fall of 2010.

To be eligible for a Women's Board Scholarship, students must meet the following criteria:

1. Show competent diabetes management/demonstrate exemplary adjustment to living with diabetes.
2. Demonstrate exemplary scholastic achievement.
3. Display involvement with the Central Ohio Diabetes Association programs or other community or extracurricular activities that indicate an interest in helping others and contributes to community awareness of diabetes.
4. Will attend an accredited public or private school in the United States in the fall of 2010 as a full-time student.
5. Show financial need in order to continue education.
6. Reside in the central Ohio area.

Selection criteria will be based on academic achievement, diabetes-related activities, extracurricular activities, the applicant's personal statement, one personal reference, statement of financial need and a medical recommendation.

Final selection of scholarship recipients will be made by a Scholarship Advisory Panel comprised of Women's Board members, Central Ohio Diabetes Association Board of Directors and the Youth Committee.

The deadline for submitting applications is February 5, 2010. Final selections will be made by April 2, 2010.

To obtain a scholarship application packet, students may call Central Ohio Diabetes Association at (614) 884-4400 or 1-800-422-7946 or email coda@diabetesohio.org. The application packet may also be downloaded from www.diabetesohio.org under the Women's Board section.

November 2009

Dear possible candidate:

Thank you for your interest in applying for the Central Ohio Diabetes Association's Women's Board College Scholarship Fund. Enclosed please find an application packet for you to complete and return postmarked no later than February 5, 2010.

The following criteria will be used to award the scholarship. The successful candidate must have diabetes and:

1. Show competent diabetes management/demonstrate exemplary adjustment to living with diabetes.
2. Demonstrate exemplary scholastic achievement.
3. Display involvement with the Central Ohio Diabetes Association programs or other community or extracurricular activities that indicate an interest in helping others and contributes to community awareness of diabetes.
4. Will attend an accredited public or private school in the United States in the fall of 2010 as a full-time student.
5. Show financial need in order to continue education.
6. Reside in the central Ohio area.

Also enclosed is a check list to ensure you have all the materials needed to complete your application. There is one reference form for you to give to the reference you listed on the application. A reference could be a teacher, coach, advisor, employer, minister, or any adult, who is not related to you, who knows you well and is comfortable completing the form for you. Please return your completed application to the Central Ohio Diabetes Association, 1100 Dennison Avenue, Columbus, Ohio 43201. Final selection will be made by April 2, 2010.

If you have any questions or concerns, please call me at (614) 884-4400 or 1-800-422-7946. My e-mail address is dhonigford@diabetesohio.org

Sincerely,

Darlene Honigford, LSW
Social Services Director

**THE WOMEN'S BOARD OF THE CENTRAL OHIO DIABETES ASSOCIATION
COLLEGE SCHOLARSHIP FUND
APPLICATION CHECKLIST**

Please ensure the following documents are included in your application packet.

Without all of these documents your application will not be complete and will not be accepted for consideration.

_____ Completed Application Form
- If in High School, attach transcripts

_____ Proof of Acceptance (or current attendance) to college or vocational school

_____ Medical Information (completed by Doctor)

* Please note: You must provide permission to your doctor to release medical information (if under 18 your parents must sign). Please complete and sign the top of the medical information form. Your doctor must mail this form to the Central Ohio Diabetes Association office. You may want to provide a stamped envelope.

_____ One Recommendation Form to non-relative reference.

*Please note: Your reference must mail this form back to the Central Ohio Diabetes Association office separately. You may want to provide them with a stamped envelope. Do not forget to write your name on the top of the form.

_____ Statement of Financial Need
First Year Expenses (on back side of Financial Need)

**THE WOMEN'S BOARD OF THE CENTRAL OHIO DIABETES ASSOCIATION
COLLEGE SCHOLARSHIP FUND
STATEMENT OF FINANCIAL NEED
(to be completed by parent or guardian)**

Applicant's Name _____

Father's Name _____

Home Address _____

Employer _____ Position _____

Monthly Gross Salary _____

Mother's Name _____

Home Address _____

Employer _____ Position _____

Monthly Gross Salary _____

Number of Dependents living at home _____ Ages _____

How many of the dependents will be in college next year? _____

Please describe any other unusual expenses.

State your reason for seeking scholarship funds for your son/daughter.

Please provide information demonstrating how your child has exhibited exemplary diabetes care and management.

FIRST YEAR EXPENSES

(to be completed by parents and student)

- 1. Anticipated cost of one full year of school for all the schools you have been accepted to or have applied for acceptance (include tuition, room, board and expenses provided by college admissions office).

- 2. How many dollars per year will the family be able to pay towards applicant's college education?

- 3. How much can student contribute from savings and earnings per year?

- 4. How much does student hope to earn per year while in college?

- 5. As of this date has the candidate been awarded any financial assistance? If yes, state the award and value_____ Total value_____

- 6. Other anticipated loans/financial aid.

- 7. Additional information or circumstance.

Signature of Applicant

Signature of Parent

**THE WOMEN'S BOARD OF THE CENTRAL OHIO DIABETES ASSOCIATION
COLLEGE SCHOLARSHIP FUND
RECOMMENDATION**

_____ is a candidate for a scholarship to pursue post high school training. Your name was given as someone willing and able to provide reference information. Please complete the questions below.

Please describe this individual as you know him/her.

Do you feel this individual shares his/her talents and abilities with others? (Please provide examples if possible).

Do you feel this individual is committed to completing his/her educational plans?

To the best of your knowledge, please describe this candidate's control of his/her diabetes and attitude toward self care and living with a chronic condition.

Signature _____ Date _____

Printed Name _____

Position _____ Relation to Candidate _____

Please return by February 5, 2010 to:
Darlene Honigford, Social Services Director
Central Ohio Diabetes Association
1100 Dennison Avenue
Columbus, OH 43201

**THE WOMEN'S BOARD OF THE CENTRAL OHIO DIABETES ASSOCIATION
COLLEGE SCHOLARSHIP FUND
APPLICATION FORM**

I. PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Date of Birth _____

If currently in High School complete entire application. If already attending college, skip to section III

II. High School Attended _____ Graduation Date _____

Cumulative GPA: _____ Rank in class _____

Total SAT Score: _____ Composite ACT Score: _____

Attach transcripts.

Attach proof of acceptance to college or college/vocational school you will be attending.

Guidance Counselor Signature _____ Phone _____

III. Field of Study _____ General Career Goal _____

Date of proposed/entrance to college: _____

Name of College/vocational school _____

Anticipated program completion or graduation date _____

If already attending college fill in your college GPA: _____

Date of Diabetes Diagnosis _____

Physician's Name _____
(Diabetes Care Provider)

Address _____ Phone _____

Please give the accompanying medical information form to your physician

IV. PARTICIPATION

Please list and indicate nature of involvement in (include office held and academic honors):

A. High School or College/Vocational School Activities:

B. Community Activities (such as church involvement, volunteer work, social services, Central Ohio Diabetes Association or other diabetes awareness, etc.)

V. WORK EXPERIENCE

Business	Title	Duties	Hours Worked	Salary
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VI. REFERENCE: Please provide name and complete address and phone number (Reference should be supervisor, teacher, coach, employer, minister, etc.; no relatives)

Name _____ Address _____ Phone () _____

***Please give the attached recommendation form to the person you listed above.**

To my knowledge all the above information is accurate.

Signature of Applicant _____ Date _____

VII. Personal Statement - Answer each of the following questions completely and concisely in 50 words or less.

A. Please describe your experience in living healthy with diabetes. Include contributions to diabetes awareness in your community and any obstacles you've overcome in regards to living with diabetes.

B. Describe in detail what advice you would give a 15 year old teen who has recently been diagnosed with diabetes and how he/she should manage it.

C. What were the specific reasons you chose the college(s) you applied to.