

**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)

