

**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