

**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 3, 2012 to:
Darlene Honigford, Social Services Director
Central Ohio Diabetes Association
1100 Dennison Avenue
Columbus, OH 43201