

**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 \_\_\_\_\_

Cell phone # \_\_\_\_\_ Email \_\_\_\_\_

**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

**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.

9/06