Thank you for your interest in applying for **Diabetes Education Services’s** **Scholarship** for our **May 13-15, 2020** Diabetes Educator Course in Sacramento, CA. The goal of this scholarship is three-fold:

 1. To recognize U.S. health care professionals who are making a difference in their community; and

 2. To support applicants’ effort to become a Certified Diabetes Educator (CDE) and

 3. To provide financial assistance with the Diabetes Educator Course registration fee.

**BEFORE APPLYING, PLEASE NOTE:**

* Completed applications must be submitted ***no later than April 10, 2020.*** Applications submitted afterwards will not be considered. You can submit all applications to taryn@diabetesed.net
* Applicants are eligible for a scholarship one time only.
* This scholarship covers **registration only** (*please consider cost of travel, food, and lodging when applying*)
* All responses should be typed, or legible AND should use [Person Centered Language](https://diabetesed.net/language-and-diabetes-keeping-it-person-centered/) – we reserve the right to disqualify if writing is illegible or if Person Centered Language is not used
* Take your time and answer the questions with as many details as possible. **Financial need is considered – please address it in at least one answer**.
* Preference is given to those who do not have their CDE and demonstrate financial need.
* The winning scholarship will be awarded and announced on **April 27, 2020** through email.
* The winner will be announced in our Diabetes Education Newsletter.

**Responsibility of scholarship winner is as follows:**

Confirm travel plans and that you plan to attend the course within one week of being notified if you are selected.

Send in a photo for our scholarship recipient page after you have been notified if you are selected.

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Check all that apply \_\_\_ I am earning hours to apply for CDE Exam

\_\_\_ Ready to take CDE exam within one year

\_\_\_ Ready to take CDE exam in 1 - 3 years

\_\_\_ Considering CDE, but not currently specializing in diabetes

1. How many **hours per month** do you volunteer (off duty, no pay) in promoting/providing diabetes education?

🞎 0 🞎 1 – 4 🞎 5 – 8 🞎 9 – 11 🞎 12 +

1. Will your employer pay or assist in payment for the Diabetes Educator Course? 🞎 Yes 🞎 No

If YES, please indicate what your employer will pay:

🞎 Registration only 🞎 Registration, travel and accommodation

🞎 Other (please explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree and or Credentials: \_\_\_\_\_\_\_\_\_\_\_\_

Home Address:

City/State/Zip:

Phone Work: Home: Fax:

E-Mail Address: License #:

Employer:

*When answering these questions, please be concise, but provide details and use 12-point font. Please do not exceed two full pages in total for your responses. Thank you.*

*Thank you very much for submitting your scholarship application. We will read through your application very carefully and give it the full attention it deserves.*

*By submitting an application and entering my name below, I understand and agree to abide by the entry and eligibility requirements indicated. I understand that all materials submitted in conjunction with the award application will not be returned. I agree that, if selected, highlights from the application may be used by Diabetes Educational Services for such purposes as sharing best practices, advertising, publicity, and promotion for or solicitation of future applications.*

*You will receive an email confirming your awards application within a few days of sending your email. If you submitted your application and have not received a receipt email confirmation by* ***February 24, 2020****, it is your responsibility to contact Diabetes Education Services at* *taryn@diabetesed.net**. You will be required to forward your original email from your sent email archives to confirm that it was sent by* ***February 24, 2020*** *deadline.*

***Please note:*** *This scholarship is non-transferable.*

***Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

In appreciation,



**Beverly Thomassian, RN, MPH, CDE, BC-ADM**

President and Founder of Diabetes Education Services

[www.DiabetesEd.net](http://www.DiabetesEd.net)

(530) 893-8635



1. Describe the specific activity(ies) you do to enhance diabetes prevention and or care (e.g.,are you a member of any Diabetes or Community Organizations that actively improve diabetes care? Do you volunteer at your place of worship or school to promote diabetes prevention and care?).
2. Based on the Diabetes Educator Course description, how do you think this course will directly benefit the work you are doing to improve diabetes care and help you achieve your professional goal?
3. Please let us know any other compelling reasons why you should be awarded this scholarship: