Thank you for your interest in applying for **Diabetes Education Services’** **Scholarship** for our **Summer 2020 Diabetes Ed Specialist Deluxe Prep Bundle**. The goal of this scholarship is three-fold:

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

 2. To support applicants’ effort to become a Certified Diabetes Care & Education Specialists (CDCES);

 3. To provide financial assistance with the Diabetes Ed Specialist Deluxe Prep Bundle registration fee.

**BEFORE APPLYING, PLEASE NOTE:**

* Completed applications must be submitted ***no later than September 10, 2020.*** Applications submitted afterwards will not be considered. You can submit all applications to bryanna@diabetesed.net
* Applicants are eligible for a scholarship one time only.
* This scholarship covers **registration for Diabetes Ed Specialist Deluxe Prep Bundle only**
* 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 CDCES and demonstrate financial need.
* The winning scholarship will be awarded and announced on **September 14, 2020** through email.
* The winner will be announced in our DiabetesEd e-Newsletter - please send a photo if awarded the scholarship to add to our e-Newsletter.

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

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 CDCES Exam

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

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

\_\_\_ Considering CDCES, 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 Diabetes Ed Specialist Deluxe Prep Bundle? 🞎 Yes 🞎 No

If YES, please indicate what your employer will pay:

🞎 Full Registration

🞎 Partial Registration (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 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* ***September 14, 2020****, it is your responsibility to contact Diabetes Education Services at* *bryanna@diabetesed.net**.. You will be required to forward your original email from your sent email archives to confirm that it was sent by* ***September 10, 2020*** *deadline.*

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

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

In appreciation,



**Beverly Thomassian, RN, MPH, CDCES, 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 Ed Specialist Deluxe Prep Bundle 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: