2012 Diabetes Educational Services
Making A Difference
Scholarship Application

Thank you for your interest in applying for a **Diabetes Educational Services Scholarship** for our **April 19-21, 2012** Diabetes Educator Course in Portland, Oregon. We are excited to offer the "Making a Difference" scholarship that covers the cost of course registration (valued at $459).

The goal of this scholarship is two- fold:

1. To recognize health care professionals who are making a difference in their community; and
2. To provide financial assistance with the program registration fee.

This scholarship does not cover **any** other expenses incurred by the winner (including travel expenses, food, and lodging).

Please read the entire application before completing it. Take your time and answer the questions with as much detail as you are able. The review team will assign points based on details contained in your answers. Feel free to call or email us with your questions or to clarify the application criteria.

Responsibility of scholarship winner is as follows:

1. Brief written or oral presentation at diabetes course on the work you are doing to improve diabetes care.
2. After attending the course, commit to teaching a 15 minute mini-class to your colleagues or community on one aspect of diabetes care that peaked your interest during the course.

Eligibility:

- Applicants are eligible for a scholarship one time only.
- Only electronically submitted applications using will be accepted. Please type all of your responses directly on this form. Save a copy and email as an attachment to bev@diabetesed.net. Completed applications must be submitted ***no later than March 2, 2012.***
- We will send you an email confirmation that your application has been received.
- This application has **4 pages** and you **MUST** complete all pages. Please be sure to provide as much detail as possible in your answers. Applications demonstrating thoughtful, detailed responses tend to yield more favorable results.
- The winning scholarship will be awarded and announced on March 9, 2012. We will phone you and also notify you by **email**.

GENERAL INFORMATION

Last Name: _____ **First Name:** _____

Degree and or Credentials: _____

Home Address: _____

City/State/Zip: _____

Phone Work: _____ **Home:** _____ **Fax:** _____

E-Mail Address: _____

Employer: _____

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Additional Information

Last Name: _____ **First Name:** _____

1. Check all that apply
   ___ New Diabetes Educator (less than 2 years)
   ___ Working hard to become a CDE
   ___ Diabetes Educator for up to 10 years
   ___ Seasoned Diabetes Educator 10 -20 years
   ___ Really seasoned diabetes educator 20+ years.
   ___ Health care professional not currently specializing in diabetes
   ___ I am currently a student majoring in _____

2. How many **hours per month** do you volunteer (off duty) in promoting/providing diabetes education?

   ☐ 0 – 4 ☐ 4 – 8 ☐ 8-12 ☐ 12 +

3. Does your employer assist with Diabetes Education Course Registration Expenses? ☐ Yes ☐ No

   If YES, please indicate what your employer will pay:

   ☐ Registration only ☐Registration, travel and accommodation

   ☐ Other (please explain)_____

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Application Questions

Last Name: _____ **First Name:** _____

PLEASE RESPOND TO THE FOLLOWING QUESTIONS.

- **Be concise, but provide details.**
- **Use 12 point font.**
- **Do not exceed two full pages in total for your responses.**

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?

3. Please let us know any other compelling reasons why you should be awarded this scholarship.

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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 by March 2, 2012. If you submitted your application and have not received a receipt email confirmation by March 2, 2012, it is the applicant's responsibility to contact Diabetes Educational Services at bev@diabetesed.net. You will be required to forward your original email from your sent email archives to confirm that it was sent by the March 2, deadline.

Signature:_____Date:_____

In appreciation,

Beverly Thomassian, RN, MPH, CDE, BC-ADM
President and Founder of Diabetes Educational Services at
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www.DiabetesEd.net
530/893-8635