2014 Diabetes Educational Services
Making A Difference
Scholarship Application

Thank you for your interest in applying for a **Diabetes Educational Services Scholarship** for our **April 9 – 11, 2014** Diabetes Educator Course in Modesto, CA. 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 three-fold:

1. To recognize 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.

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. After attending the course, commit to teaching a 15 minute mini-class to your colleagues or community on one aspect of diabetes care that piqued 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 February 7, 2014.***
- We will send you an email confirmation that your application has been received.
- This application has **3 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 **February 14, 2014**. We will notify you by **email**.
- The winner will be announced in our Diabetes Education Newsletter. Please send us a photo to post if you are the recipient.

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 ___ Earning hours to apply for CDE Exam
   ___ Ready to take CDE exam within next 3 years
   ___ Ready to take CDE exam with in next year
   ___ Health care professional not currently specializing in diabetes

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)_____

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

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

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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 February 7, 2014. If you submitted your application and have not received a receipt email confirmation by February 7, 2014, 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 February 7, 2014 deadline.

Signature:_____Date:_____

In appreciation,

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