



DIABETES SCHOLARSHIP PACKAGE

Each year, three scholarships are awarded to students with diabetes who attend the Alberta Children's Hospital Diabetes Clinic.

- One for \$1,000
- Two for \$500

1. WHO CAN APPLY?

- ✓ Students with type 1 or type 2 diabetes
- ✓ Those who have attended the Alberta Children's Hospital Diabetes Clinic within the last 12 months
- ✓ Those who are completing their *last year of high school*
- ✓ Those planning to pursue post-secondary education (university, college or trade school)

2. HOW TO APPLY?

- ✓ Complete the Scholarship Application Form (Form is included in this document) using your computer to answer all questions, including your essay.
- ✓ Print all pages.

3. PREPARING YOUR SCHOLARSHIP APPLICATION PACKAGE.

All Scholarship applications **must** include the following:

- ✓ completed Scholarship Application (3 pages)
- ✓ a copy of your Grade 11 report card and first term of grade 12
- ✓ two reference letters: one letter from your school and one personal letter

4. MAIL YOUR SCHOLARSHIP APPLICATION PACKAGE TO:

Alberta Children's Hospital
Diabetes Clinic 3rd floor
28 Oki Drive, NW
Calgary, Alberta T3B 6A8
Attention: Deanna Langille-Scholarships

Scholarship monies can only be awarded upon proof of enrollment in a post-secondary institution.

DEADLINE FOR SCHOLARSHIPS APPLICATIONS IS MARCH 31 AT 4:00 PM



DIABETES SCHOLARSHIP APPLICATION FORM

This application **must** be completed by the student

Deadline: March 31 at 4 p.m.

My Name:	My Phone Number:	My Age:
<input type="checkbox"/> I am a student with type 1 or type 2 diabetes	<input type="checkbox"/> I am completing my last year of high school	
<input type="checkbox"/> I have visited the Alberta Children's Hospital Diabetes Clinic within the last 12 months	<input type="checkbox"/> I plan to apply for post-secondary education (university, college or trade school)	
<input type="checkbox"/> I have attached a copy of my marks from Grade 11 & first term of Grade 12	<input type="checkbox"/> I have attached two reference letters: one letter from my school and one personal letter.	

1. This is a list of the post-secondary institution(s) I have applied to.

Name of institute

Enrollment Status

2. My planned field of study is:

3. My career plans are:

4. This is my list of interests and activities (including part-time employment, hobbies, extra-curricular school activities, sports, music, dance, etc.)

5. These are the volunteer activities I have helped with over the *last two years*.

6. My essay on what it is like living with diabetes is completed and on the next page.

6. In my own words, this is what it is like to live with diabetes. (200-400 words)

FOLLOW THE INSTRUCTIONS INCLUDED IN THIS PACKAGE AND MAIL ALL TO:

Alberta Children's Hospital Diabetes Clinic
3rd floor
28 Oki Drive, NW
Calgary, Alberta T3B 6A8
Attention: Deanna Langille- Scholarships

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