



**Charlotte Tucker Scholarship Fund  
The Guild of the Children's Diabetes Foundation**

**APPLICANT GUIDELINES – 2016/2017**

We will award \$4,000 scholarships to be disbursed as follows: \$2,000 first semester and \$2,000 second semester. You may qualify for up to four (4) years, based on your annual application, continued eligibility and available funds.

**Scholarship Qualifications**

- CURRENT patient diagnosed with Type 1 (insulin-dependent) Diabetes and SEEN at the Barbara Davis Center in the last twelve (12) months. Have a minimum 2.0 GPA and maintain a minimum of 9 semester hours
- Scholarships may be used for an accredited 2 or 4 year college, university, trade, or vocational school for the 2016-2017 school year. Scholarships are not available for graduate programs or specialty programs beyond a Bachelor's Degree.

**All applicants (new and renewals) are required to submit the following information:**

**PLEASE SEND ALL MATERIALS IN ONE APPLICATION PACKET**

1. **The five-page application** filled out completely and legibly. **Do not leave questions unanswered.**
  2. **An official high school or college transcript** showing at least 1½ years of academic performance. Both college and high school are required if you are just completing your first year of college.
  3. **An essay**, 300-500 words (typed, double spaced). Please include in your essay information about your intended or current major, your long-term goals and how receiving this scholarship will help you achieve your goals.
  4. **Two (2) Evaluation Forms** (No relatives or Barbara Davis Center Staff). One must come from a current teacher. If you are in home school, one evaluation must come from an outside educator in the home school process, clergy, scout leader or leader of volunteer organization you are involved in.
- **Remember the Deadline - April 18, 2016** – Your application must be postmarked by this date and will not be considered if it is late.
  - **Evaluation Forms** – Follow up and get your evaluation forms directly from those who have done them for you and mail them in with the rest of your application.
  - **PLEASE DO NOT STAPLE** any of the application pages together. All sheets should be one-sided and free of staples, clips, or other binding.

**FOR QUESTIONS PLEASE CONTACT:**

Susie Hummell, Children's Diabetes Foundation  
4380 S. Syracuse St., Suite 430 ✕ Denver, CO 80237

Direct Line: 303.628.5109 ✕ Fax: 303.863.1122 ✕ Email: [Susie@childrensdiabetesfoundation.org](mailto:Susie@childrensdiabetesfoundation.org)



**The Charlotte Tucker Scholarship Fund**  
**Provided By**  
**The Guild of the Children's Diabetes Foundation**

2016-2017 Application

**MUST BE COMPLETED IN ITS ENTIRETY-PLEASE TYPE OR PRINT NEATLY USING PEN**

Full Name \_\_\_\_\_  
First Middle Last

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ H.S. Graduation Date \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

School you will be attending \_\_\_\_\_

Other schools you applied to \_\_\_\_\_

Will you be attending school: ☐ Full Time ☐ Part Time (a minimum of 9 credit hours)

Where will you live? ☐ On Campus ☐ Off-Campus ☐ With Parents

Are you covered under parents insurance? \_\_\_\_\_ Insurance Company \_\_\_\_\_

Are you currently seen at the Barbara Davis Center? \_\_\_\_\_

What was the date of your last appointment? \_\_\_\_\_

Who did you see at the Barbara Davis Center? \_\_\_\_\_

Do you have a Co Pay? \_\_\_\_\_ Amount? \_\_\_\_\_ Are your diabetes supplies covered? \_\_\_\_\_

What supplies are not covered? \_\_\_\_\_

Estimated diabetes related out-of-pocket expense per year \$ \_\_\_\_\_

Have you ever received the CTS? Yes ☐ No ☐

Years you received the CTS: 2012 ☐ 2013 ☐ 2014 ☐ 2015 ☐

What will your college level be in 2016-2017? Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐

Did you take the ACT or SAT? Yes ☐ No ☐ Test Score? \_\_\_\_\_

[illegible]

## **FAMILY FINANCIAL STATEMENT**

The Selection Committee will consider your family's financial situation, but please note you are not penalized if you have other outside financial assistance.

Will your parents contribute financially for college? Yes ☐ No ☐

Estimated parent contribution: \$ \_\_\_\_\_

If your parents are separated who will contribute?      Father ☐      Mother ☐      Both ☐

If you (the student) were employed during 2015 please complete the following:

Employer \_\_\_\_\_ Amount earned in 2015 \$ \_\_\_\_\_

Will you personally contribute financially for college? Yes ☐ No ☐ Amount \$ \_\_\_\_\_

Family income level:    ☐ Less than \$35,000      ☐ \$36,000-\$42,000      ☐ \$43,000-\$50,000  
                                 ☐ \$51,000-\$60,000      ☐ \$61,000-\$70,000      ☐ \$70,000+

## **FAMILY INFORMATION**

**(If you are married, please complete with spouse information rather than parent)**

Father

Mother

Name \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

☐ Please check here if parents DO NOT live at same address

Sibling Information - In the table below, please list **all** siblings in order by age, oldest first.

First Name Only	Age	Lives at Home	School Attending (If applicable)

[illegible]

## **APPLICANT'S ANTICIPATED EXPENSES & RESOURCES**

For 2016-2017 Academic Year

This information is readily available online or from the financial aid office at the school

### **STUDENT TOTAL ESTIMATED ANNUAL COST**

Tuition	\$ _____
Room and Board	\$ _____
Books & Supplies	\$ _____
TOTAL	\$ _____

### **STUDENT TOTAL ESTIMATED RESOURCES**

Family Contribution	\$ _____
Student Contribution	\$ _____
Scholarships & Grants	\$ _____
TOTAL	\$ _____

I certify to the best of my knowledge that the information provided on this application is **ACCURATE** and **COMPLETE**. I understand that this form is an application only and does not ensure that financial aid will be granted.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

### **PLEASE MAIL COMPLETED APPLICATIONS TO:**

Susie Hummell, Children's Diabetes Foundation  
4380 S. Syracuse Street, Suite 430  
Denver, CO 80237  
Direct Line: 303.628.5109

Email: [susie@childrensdiabetesfoundation.org](mailto:susie@childrensdiabetesfoundation.org)

**\*\* APPLICATION DEADLINE -- MUST BE POSTMARKED BY APRIL 18, 2016 \*\***

Student Name \_\_\_\_\_

Evaluator Name & Position \_\_\_\_\_

**EVALUATION FORM**  
**Charlotte Tucker Scholarship Fund, 2016-2017**  
**The Guild of the Children's Diabetes Foundation**

*\*All evaluations are completely confidential\**

How long have you known this student and in what capacity? \_\_\_\_\_

What are the first words that come to your mind to describe this student? \_\_\_\_\_

\_\_\_\_\_

**RATINGS:**

Compared to other young adults you have known please rate this person in terms of:

	Below Average	Average	Above Average	Excellent
Independent Thinking				
Self Motivation				
Self-confidence				
Interaction with Peers				
Problem Solving				
Academic Achievement				
Ability To Communicate				
Disciplined Work Habits				
Potential for Growth				
Integrity				

**COMMENTS (Optional):**

If you would like to elaborate on any of the categories above, please use the space below write whatever you think is important about this student, including a description of academic and personal characteristics. We welcome information that will set this student apart from others.

**Please send completed evaluations to:**

Susie Hummell

Children's Diabetes Foundation

4380 S. Syracuse St., Suite 430, Denver, CO 80237

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App #

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App #