

Diabetes Foundation of the High Plains Scholarship Application



High school seniors can apply for this scholarship. Students must have a minimum GPA of 2.5, include a letter from an Amarillo TTUHSC Pediatric Endocrinology team, 500 word essay “Why should I receive this scholarship?” and media release form.

I, _____
affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Date _____ Signature _____

Legal name in full
(Print/Type) _____
Last Name First Name M.I.

Permanent residence _____
Number, Street, and Apartment Number

City State ZIP

Your address at school
(if different) _____
Number, Street, and Apartment Number

City (if studying abroad, add country) State ZIP

How is permanent residence established?
(At least two must apply.) Home telephone () _____

Home address for school registration School telephone (if different) () _____

Place of registration to vote E-mail address _____

Family’s primary residence

Other: _____ Date of birth _____ Age _____
Month/Day/Year

(Check one) I am a U.S. citizen U.S. national Resident alien expecting citizenship by the date of award

In what year were you first diagnosed with Type 1 Diabetes? Most Recent Hgb A1C _____

Current cumulative GPA _____ on a scale of _____

Your undergraduate major(s) _____

Number of college credits earned to date _____ Total number of credits required for graduation _____

Expected date to receive baccalaureate degree _____ Degree you will receive _____

Graduate degree(s) sought _____ Concentration(s) _____

Name _____

- 1. List the secondary school from which you graduated, and all higher education institutions attended. Include summer, study-abroad, exchange programs and your nominating institution (up to six).**

School	Location	Dates Attended
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- 2. List high school activities (student government, sports, publications, school-sponsored community service programs, student-faculty committees, arts, music, etc.). List in descending order of significance. You will have space for four high school activities.**

High School Activity	Dates	Offices
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- 3. List public service and community activities (homeless services, environmental protection/conservation, advocacy activities, work with religious organizations, etc.). Do not repeat items listed previously. List in descending order of significance. You will have space to list six.**

Activity	Role	Dates	# of Weeks Active
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Name _____

4. List part-time and full-time jobs and internships held during high school and while in college.

Type of Work	Employer	Dates	Average # of Hours/Week
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5. List awards, scholarships, publications or special recognitions you have received. List in descending order of significance.

6. Describe how this scholarship will make a difference in your college career.



DIABETES FOUNDATION
of the HIGH PLAINS

MEDIA RELEASE FORM

I hereby give the Diabetes Foundation of the High Plains permission to use my photograph publicly to promote the non-profit. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by any reason of such use.

I hereby discharge and release the Diabetes Foundation of the High Plains from any and all claims arising out of the use of the interviews, the use of quotes, and the taking of photographs, movies, or videotapes.

In signing this consent, I give the authorization to use my name as printed below.

NAME: _____

Signature: _____ Date: _____

Address: _____