



Delaware Diabetes Coalition Scholarship Application Form

Name of Applicant: _____

Name of Parent/Guardian: _____

Home Address: _____

City _____ State _____ Zip _____

Cell Phone: _____ Email Address: _____

Date of Birth: _____ Delaware High School or College/University Currently Attending: _____

Expected Date of Graduation: _____ Cumulative GPA: _____

Diploma or Degree Expected: _____

List the Institute of higher education, college, university or accredited technical or trade school you plan to attend/are attending: _____

School Financial Aid Representative: _____

School Address: _____

City _____ State _____ Zip _____

Phone: _____ Email Address: _____

Please list some of your school activities, community, and volunteer experiences (use extra pages if needed)

Organization/Club Activity	Duties & Responsibilities	Hours per Month	Dates Worked

Have you completed any extracurricular activities to address or promote diabetes wellness? (use extra pages if needed)
