

SOUTHEASTERN DIABETES EDUCATION SERVICES

REQUEST FOR 2010 SCHOLARSHIP

To request a scholarship, please print, complete each section, and **return** to the SDES office **at least 30 days** before the program for which you are requesting a scholarship. All Information is strictly confidential.

SDES must seek funding for scholarships. We solicit from civic organizations, foundations, corporations, and other friends. These scholarship sources sometimes require the name of the child/family when determining a scholarship award. Do you give permission for your child/family's name to be provided to a scholarship source if they make an award to your child/family? Circle one: Yes No

Name of Child: _____	DOB: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Home Phone: _____	Does the child have diabetes? Yes No

Father's/Guardian's Name: _____	
Cell Phone: _____	Email _____
Employer: _____	Job Title: _____
Work Phone: _____	Gross Monthly Wages: \$ _____
Mother's/Guardian's Name: _____	
Cell Phone: _____	Email _____
Employer: _____	Job Title: _____
Work Phone: _____	Gross Monthly Wages: \$ _____
Other Household Income per month: (example-SSI, Child Support, Alimony, IRS Rebate)	
_____	\$ _____
_____	\$ _____
Total ADJUSTED GROSS INCOME for the Household \$ _____	
(From your 2008 IRS Income Tax Return Form 1040 line 37, Form 1040A line 21, or 1040EZ line 4	
Please attach copy of first 2 pages of 2009 Form 1040, 1040A, or 1040EZ with this Application.	

Other Dependents in Household	Relationship to Child	Age	Please Circle		
_____	_____	_____	Employed	Student	Other
_____	_____	_____	Employed	Student	Other
_____	_____	_____	Employed	Student	Other
_____	_____	_____	Employed	Student	Other

Please attach a list of additional dependents in the household with requested information.

Do other family members in the household have diabetes or other chronic health conditions? Yes No

If so, please explain. Attach additional pages if needed. _____

Does the child receive free or reduced meals at school? Yes No

Is your child's Program Fee being partially sponsored by any organization, business, or individual? Yes No

If so, please list name/address/phone number of sponsor(s): _____
_____ Amount \$ _____
_____ Amount \$ _____

Previous program attendance and scholarship award(s):

Program: _____ Date: _____ Did child receive scholarship Yes No

Program: _____ Date: _____ Did child receive scholarship Yes No

Program: _____ Date: _____ Did child receive scholarship Yes No

Program name and date you are requesting scholarship for _____

Your Program Fee according to the Program Fee Schedule \$ _____

How much of the Program Fee can you pay? \$ _____

I (my child) is in need of a scholarship because: (Use additional pages if needed.)

I hereby certify that the foregoing information is true and correct.

Parent/Caregiver Signature: _____ Date _____

RETURN THIS APPLICATION TO:

**SOUTHEASTERN DIABETES EDUCATION SERVICES
500 Chase Park South, Suite 104
Hoover, AL 35244**

For Office Use Only	
Program:	_____
Approval:	_____ Date: _____
Source:	_____
Amount \$	_____
Date Notified:	_____ Initial: _____