



T1D Youth Scholarship Program

You are eligible for this program if:

1. You reside in Alberta, Saskatchewan or Manitoba.
2. You are a Type 1 Diabetic
3. You are in your High School Graduating Year and have been accepted to Post Secondary Institution or are currently enrolled in a Post Secondary Institution returning for another year of study.
4. You have been an active volunteer in the Diabetic Community.
5. A Volunteer Coordinator (or similar) for a related organization supports your scholarship application AND you provide one other written reference in support of your activities.

APPLICATION FORM

Date: _____

Name (applicant): _____ Phone: _____

Name (legal guardian if applicant under 16): _____ Phone: _____

Address: _____

Email: _____

1. Post Secondary Institution that you will be/are attending: _____

2. Please tell us about your volunteer experience in support of the Diabetes Community.

_____. (Attach letter to application if more space required.)

/...con't



T1D YOUTH SCHOLARSHIP PROGRAM APPLICATION SUPPORT

Please provide two letters of support for your application. These should come from the Volunteer Coordinator (or similar) for which you have worked with in the Diabetes Community and one other person.

Name of First Reference: _____ Phone: _____

Name of Second Reference: _____ Phone: _____

(Names are provided in order to connect the letters with the application should they be separated.)

FUNDING PROCEDURE:

Applications must include both the completed and signed application and letters of support to be considered complete.

Funds are limited to up to \$500 per individual. There will be two awards given in each of the provinces of Manitoba, Saskatchewan and Alberta for a total of six scholarships.

Should an application be successful, a cheque will be presented to the recipient in person by a representative of the Cosmopolitan Foundation Canada Inc. As a condition of receiving the scholarship, the recipient agrees to allow their story and image to be used for publicity purposes by either the Foundation or the Western Canada Federation – Cosmopolitan International. By acknowledging and signing below, you agree to these terms.

I consent to my information/image being used for publicity purposes. YES NO

Applicant Signature: _____

Guardian Signature: _____

(If applicant under 16 years of age)

Information contained in this application is confidential, except for purposes of the application, or if consent is given. Please send completed application to:

Cosmopolitan Foundation Canada Inc.
Scholarship Program
Sherwood Mall PO BOX 35059
Regina, SK S4X 4C6