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

2018-2019 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 12 credit hours)

Where will you live? ☐ On Campus ☐ Off-Campus ☐ Home

Have you ever received the Charlotte Tucker Scholarship? ☐ Yes ☐ No

Years you received the Charlotte Tucker Scholarship: ☐ 2014 ☐ 2015 ☐ 2016 ☐ 2017

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? _____ Do you have a deductible? _____ Amount $_____

Are your diabetes supplies covered? _____

What supplies are not covered? _____

Estimated diabetes related out-of-pocket expense per year $ _____

What will your college level be in 2018-2019 ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Did you take the ACT or SAT? ☐ Yes ☐ No Test Score - ACT_____SAT_____

App #

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: $_____
Who will contribute? ☐ Father ☐ Mother ☐ Both

If you (the student) were employed during 2017 please complete the following**:**

Employer_____ Amount earned in 2017 $ _____

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

Family income level: ☐ Less than $35,000 ☐ $36,000-$50,000 ☐ $51,000-$70,000
☐ $71,000-$90,000 ☐ $90,000-$149,000 ☐ $150,000+

FAMILY INFORMATION

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

Father	Mother
Name _____	Name _____
Occupation _____	Occupation _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

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)
		☐	
		☐	
		☐	
		☐	
		☐	
		☐	
		☐	

App #

If there are extenuating circumstances or situations, personally or in your family in regard to hardship, tax information, health or other matters that would help the committee to have a better understanding of financial need or other items that may otherwise not be clear, please explain below.

App #

APPLICANT'S ANTICIPATED EXPENSES & RESOURCES

For 2018-2019 Academic Year
This information is readily available online or from the financial aid office at the school
The amounts you enter on this cost/resource page are to represent one full year ONLY.

STUDENT TOTAL ESTIMATED ANNUAL COST		STUDENT TOTAL ESTIMATED RESOURCES	
Tuition	$_____	Family Contribution	$_____
Room and Board	$_____	Student Contribution	$_____
Books & Supplies	$_____	Scholarships & Grants (Already awarded for 2018-2019)	$_____
Other Expenses	$_____	Student Loans (For 2018-2019)	$_____
TOTAL	$_____	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:

Children's Diabetes Foundation
Attn: Sara Santacruz
4380 South Syracuse Street, Suite 430
Denver, CO 80237
Direct Line: 303.628.5110
Email: sara@childrensdiabetesfoundation.org

**** APPLICATION DEADLINE -- MUST BE POSTMARKED BY APRIL 13, 2018 ****

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