

Instructions for Applicant:

A copy of your application form will be made available to your endorser. When choosing your endorser, make sure you ask someone who knows you well. S/he should be aware of your involvements and be able to write about them in detail. This person can be an employer, supervisor, teacher, coach and/or community leader.

Please **DO NOT** mark this task complete or submit your application until you have received confirmation that your recommender has completed this task. You will be required to log back into the site to complete your submission when you have received both of your recommendations. An email notification will be sent when your Recommender has submitted their recommendation.

Letter of Recommendation – Non-Medical Form

Diabetes Hope Foundation Scholarship Award Applicant's Criteria

- demonstrated positive and verifiable service to the community
- academic achievement
- demonstrated capacity for leadership and ability to motivate others
- demonstrate commitment to good health care and lifestyle dealing with their diabetes

Instructions:

1. Please attach a signed endorsement of the candidate. In this letter, tell us something that does not come through in the candidate's answers that demonstrates how this individual has displayed initiative and commitment to leadership and community service. Use concrete examples.
2. Please reference the applicant's name at the top of your letter and refrain from using his/ her name in the body of the letter.
3. The endorsement letter must be submitted on letterhead and uploaded to support the completed Letter of Recommendation Form.

Online Letter of Recommendation Form

Full Name:

Title:

Street Address:

City:

Province:

Postal Code:

Primary Telephone:

Secondary Telephone:

Email:

Attestation Statement:

I _____, wish to endorse _____ (applicant name) as a candidate for a Diabetes Hope Foundation Scholarship. I attest that I have read the application and that it truthfully represents the candidate.

I have known the applicant for: _____ (months/years)

I have known _____ (applicant name) in my capacity as his/her:

- Employer
- Supervisor
- Teacher
- Coach
- Community Leader
- Mentor

Date: YYYY/MM/DD