DIABETES HOPE FOUNDATION
Transition Resources for Canadian Youth with T1D

2026 SCHOLARSHIP APPLICATION

SECTION 1: APPLICANT INFORMATION (AUTO-BLINDED)

• Applicant Name:
First Name, Middle Name, Last Name

• Address:
Street Number and Name, City, Province, Postal Code

• Phone Number:

• Email Address:
Please provide an email address at which you can be contacted
Can we contact you with program updates and information? (yes or no)

• Gender:

• Date of Birth (YYYY/MM/DD):

- ❑ I confirm the email address used to complete this application belongs to me (the applicant). <- add to guidelines, along with 'account name must match that of the applicant'.
- ❑ I confirm that I (the applicant) am completing the application myself. <- add to guidelines as well.

SECTION 2: LEGAL GUARDIAN INFORMATION (AUTO-BLINDED)

• Name of Legal Guardian:
First Name, Middle Name, Last name

• Address:
Street Number and Name, City, Province, and Postal Code

• Home Phone Number:

• Email Address:
Please provide an email address at which you can be contacted
Can we contact you with program updates and information? (yes or no)

SECTION 3: DIABETES CARE (AUTO-BLINDED)

• Diabetes Health Care Clinic: (name and city, province)

• Name of Doctor + Contact Information: (may be used for verification purposes)

SECTION 4: ACADEMIC INFORMATION & CAREER GOALS (10 POINTS)

Name of High School:

Academic average on transcript in final year = _____ (10 points – transcript must be uploaded)

What are your career interests? ***(Not graded – used for scholarship matching only)***

What are your top three school choices and programs of study? ***(Not graded – used for scholarship matching process only)***

a) School + Program Choice 1
b) School + Program Choice 2
c) School + Program Choice 3

SECTION 5: ACHIEVEMENTS: (5 POINTS)

List any awards, academic achievements, scholarships, etc. you have received. Please note that achieving honour roll status counts as ONE achievement, regardless of the number of years you achieved this.

Award/Achievement	Year(s) Earned	School/Association
1.		
2.		
3.		
4.		
5.		

SECTION 6: LEADERSHIP AND COMMUNITY IMPACT (5 POINTS)

List all UNIQUE activities in which you played a leadership role in your community. Activities can include volunteer work done with your school, charitable organizations, sports, arts and recreation programs, formal and informal community groups or self-driven initiatives within your community. Please note that activities that span more than one academic year are still only admissible as one activity.

Specific Activity	Name of School/Organization/ Group/Self-Driven	Start date and end date	Description of Activity (50 words)
1.			
2.			
3.			

4.			
5.			

SECTION 7: PERSONAL STATEMENT – SHORT ANSWER

Please share with us any information that you feel is relevant for the Scholarship Advisory Committee to know that has impacted your diabetes management or academic/community achievements, including ***Financial Needs***, ***Multiple Diagnoses***, ***Recent Immigrant or Refugee***, ***Family Structure***, ***Learning Disabilities, Mental Health Diagnosis***, or any other socio-economic factors that you would like to share with the Committee.

SECTION 8: TRANSITION PREPAREDNESS (15 POINTS)

1. Aside from monitoring your blood sugar and adjusting your insulin dosages, what **skills, knowledge, and information specific to transition** have you acquired in your last year of pediatric care to assist you in moving to adult care and independently managing your diabetes while at school? (*max 250 words*)

2. What do you think your greatest challenge as a student with type 1 diabetes will be during your transition to post-secondary school? How and why do you plan to address it? (*max 250 words*)

3. Diabetes Hope Foundation offers a number of free programs and resources to help students with diabetes through their transition to post-secondary school. Choose **one** program or resource and explain how it can be used to facilitate a successful transition for students with type 1 diabetes. (*max 250 words*)

SECTION 9: ESSAY QUESTIONS (20 POINTS)

1. Living with diabetes requires a lot of discipline and commitment. Please share what you have been able to accomplish BEYOND managing your diabetes. (max. 500 words)
2. If you met a young person recently diagnosed with Type 1 Diabetes, what personal story would you share with them that demonstrates your resilience in overcoming challenges? (max. 500 words)

SECTION 10: REFERENCE LETTERS (4 POINTS)

Applicants may submit contact information for up to four (4) referees in support of their application. Referees will receive an invitation to complete an **Online Reference Form*** through the Survey Monkey platform, and will be asked to speak to applicants' resilience, diabetes management, leadership and community impact, and suitability for the Diabetes Hope Foundation Scholarship.

**References from family, friends or partners are not accepted.*

Suggested referees:

- Members of your diabetes care team
- Teacher/Guidance Counsellor
- Supervisor/Manager from your place of employment or volunteer work
- Coach
- Mentor

REFEREE FORM:

Email to be sent:

Dear [Name of Referee],

[Applicant] is applying for a Diabetes Hope Foundation Scholarship and has requested that you provide a reference. This reference is confidential. **Do NOT reply to this email or forward it to the applicant.**

The Diabetes Hope Scholarship Program is a combined merit and needs based scholarship celebrating the resiliency of youth with type 1 diabetes. The Scholarship is awarded to youth who exhibit excellence in balancing the many responsibilities associated with diabetes management while also overcoming personal challenges, maintaining strong academic standing, enriching their lives through community involvement and extra-curricular activities, and maintaining a healthy lifestyle.

In order to receive consistent information about each applicant, Diabetes Hope Foundation has modified the reference process to allow us to ask each referee the same questions using a Confidential Reference Form. Referees must answer all questions on the Form. ***We will not be accepting free-form letters***.

Please note the deadline is **March 3rd, 2025 (11:59 PM PT)**. Thank you!

To complete the form for [applicant], please visit **PERSONALIZED LINK**. If you have difficulty clicking on the link, copy and paste this URL into your browser:

PERSONALIZED LINK

Thank you for supporting [applicant]'s Scholarship Application. We know your time is valuable and we appreciate your participation in the application process. If you have questions about the application, please reach out to us at info@diabeteshopefoundation.com.

PORTAL FORM:

Referee Name:

Email:

Phone number:

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Please answer the following questions regarding [Applicant]. Please DO NOT use the applicant's name in the answers to ensure anonymity for the Scholarship Review Committee.

Indicate what type of reference you are providing: (drop-down), medical, academic, employment, community.

Question 1: Tell us how you know the applicant, including your relationship with them and how long you have known them.

Question 2: Share why you believe the applicant would be the best candidate for a Diabetes Hope Scholarship.

Question 3: Share examples of how the applicant has shown resiliency while you have known them.

Question 4: Share examples of how the applicant has demonstrated leadership and/or community involvement.

Question 5: What other information do you feel we should know about the applicant when considering them for the Diabetes Hope Scholarship?

CONSENTS AND DECLARATIONS:

By submitting this Application, including supporting documentation, I authorize Diabetes Hope Foundation to:

1. Collect my personal contact information and academic records as outlined in the application form for the purpose of administering the scholarship program;
2. If my application is successful, post photos submitted and identifying information as outlined in Diabetes Hope Foundation's Privacy Policy for the purposes of promoting the scholarship and associated programs; and
3. Share my application information with members of the Diabetes Hope Foundation Scholarship Review Committee to select the 2024 Scholarship Program recipients.

- ❑ I confirm that I have read and understood Diabetes Hope Foundation's 'Collection of Data and Privacy Policy' as outlined in the 2026 Scholarship Guidelines and agree to all the terms and conditions set out above.

I understand that for the purposes of this application, I am permitted to use AI to help with grammar, style and/or minor writing improvement purposes *ONLY*. I understand that if run through an AI Verifier, no more than 20% of my application may be deemed to be AI generated.

- ❑ I confirm that I did use AI tools to assist in preparing my application, *OR*
- ❑ I confirm that I did not use AI tools to assist in preparing my application.