

TYPE 1 CHAMPIONS



# Scholarship Program

## **APPLICATION PACKET: 2020**

FOR STUDENTS BATTLING TYPE 1 DIABETES



PO Box 7034

Lee's Summit, MO 64064

816.478.0253

Email: [courage@kidswithcourage.org](mailto:courage@kidswithcourage.org)

[www.kidswithcourage.org](http://www.kidswithcourage.org)

**TO APPLY FOR TYPE 1 CHAMPIONS SCHOLARSHIPS, TAKE THE FOLLOWING STEPS:**

1. Read and familiarize yourself with the Scholarship Information Packet
2. Review the following requirements to verify your eligibility:
  - Have Type 1 diabetes
  - Be a graduating high school senior from a public or private school, a home schooled student or college student
  - Be committed to using education to better your life and that of your family and/or community
  - Academic Requirements: Good academic standing
  - Financial Need Factor: Candidates are not required to demonstrate financial need
  - Geographic Requirement: Reside in either the State of Missouri or the State of Kansas
  - Major Field of Study: Open
  - Where Award can be used: Any accredited 2 or 4-year college or university in the United States
  - Renewal Requirement: Application required each year
  - Citizenship: Be a US citizen or legal resident
  - Be enrolled as a full time student
3. If the requirements are met, we invite students to apply for a Type 1 Champions Scholarship
4. Print and complete the application, checklist, certification, photo consent/release form (s)
5. Include all supporting docs and your essays
6. Submit two (2) copies of your application and ALL documents
7. Submit current photo to be used in internal/external communications promoting Type 1 Champions Scholarship Program
8. Review checklist to make sure you've included everything
9. Mail application, all forms and supporting documents to:
  - The Kids With Courage Foundation
  - Attn: Scholarship Committee
  - PO Box 7034
  - Lee's Summit, MO 64064

**DEADLINE:**

The deadline for applications to be submitted is midnight, April 15, 2020

**QUESTIONS?**

Email us at [courage@kidswithcourage.org](mailto:courage@kidswithcourage.org)

**TYPE 1 CHAMPIONS**  
Scholarship Checklist

APPLICANT/STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

IT IS THE APPLICANT'S SOLE RESPONSIBILITY TO ENSURE A COMPLETED APPLICATION PACKAGE IS RECEIVED NO LATER THAN APRIL 15, 2020  
**ALL OF THE FOLLOWING ITEMS MUST BE INCLUDED WITH YOUR APPLICATION PACKET.**  
*Applications that are incomplete, do not include all supporting documents or forms that are not signed will automatically be disqualified and not considered for a scholarship.*

1. \_\_\_\_\_ **SCHOLARSHIP CHECKLIST** TO BE COMPLETED AND PLACED AS THE COVER PAGE OF APPLICATION
2. \_\_\_\_\_ **COMPLETED SCHOLARSHIP APPLICATION FORM**
3. \_\_\_\_\_ **BIRTH CERTIFICATE** PROVIDE PHOTOCOPY
4. \_\_\_\_\_ **AMERICAN COLLEGE TESTING PROGRAM (ACT) or SCHOLASTIC APTITUDE TEST SCORE (SAT)**  
PROVIDE PHOTOCOPY
5. \_\_\_\_\_ **ACCUMULATED GPA INFORMATION** PROVIDE PHOTOCOPY
6. \_\_\_\_\_ **HIGH SCHOOL TRANSCRIPT** PROVIDE PHOTOCOPY
7. \_\_\_\_\_ **ANY ADDITIONAL INFORMATION** THAT YOU FEEL MIGHT BE HELPFUL TO THE SCHOLARSHIP COMMITTEE
8. \_\_\_\_\_ **3 ESSAYS**  
(1) **ABOUT YOU:** *No min or max words*  
Tell us about yourself. And, include your educational goals.
9. \_\_\_\_\_ (2) **MENTOR MESSAGE:** *No min or max words*  
What would your message be TO a child or young person recently diagnosed with Type 1 diabetes?
10. \_\_\_\_\_ (3) **LIFE CHALLENGES:** *Minimum of 350 words. Choose one of the following topics for your 3rd essay*  
Any experience you have had relating to Type 1 diabetes OR  
Imagine and write about what challenges you believe will arise during your college years in regards to your Type 1 diabetes and how you will manage these challenges.
11. \_\_\_\_\_ **PERSONAL RECOMMENDATION LETTER.** MAY BE WRITTEN BY A TEACHER, COUNSELOR, COACH, EMPLOYER, FAMILY FRIEND OR FAMILY MEMBER.
12. \_\_\_\_\_ **PHYSICIAN/DIABETES EDUCATOR LETTER OF RECOMMENDATION.** OPTIONAL
13. \_\_\_\_\_ **CERTIFICATION FORM** SIGNED BY APPLICANT, AS WELL AS PARENT OR GUARDIAN
14. \_\_\_\_\_ **RECENT PHOTO**
15. \_\_\_\_\_ **PHOTO CONSENT/RELEASE FORM** SIGNED BY APPLICANT AS WELL AS PARENT OR GUARDIAN

**MAIL YOUR COMPLETED APPLICATION PACKET TO:**

**The KIDS WITH COURAGE Foundation**  
**Attn: Scholarship Committee**  
**PO Box 7034**  
**Lee's Summit, MO 64064**



**POST SECONDARY EDUCATION**

College or University you plan to attend: Name: Address: City, State, Zip: Phone:		
Field of Study:	Career Interest:	
Date of Expected College entrance: (Month/Year)	Select (Circle One) Accepted    Pending    Enrolled	Cost per year:
Have you applied for other scholarships?	Have you received other scholarships? If yes, please list from whom and amounts:	

**FAMILY INFORMATION**

NOTE: If applicant is not living with birth parents, use legal guardian names in father and mother sections and note accordingly.

Marital status of parents: Married ___ Separated ___ Divorced ___		Total number in household:	Are you presently living at home?
Father's Name: First, Middle, Last			
Home Address:			
City, State, Zip:			
Home Phone:	Own or Rent Home:	Father's Date of Birth:	
Father's Cell Phone:	Father's Email:		
Father's Employer Name: Address: City, State, Zip: Work Telephone:			
Father's Occupation:	Father's Length of Employment:	Father's Gross Annual Salary:	
Father's Education completed: High School ___ College Degree ___ Other ___ Explain:			
Mother's Name: First, Middle, Last			
Home Address:			
City, State, Zip:			
Home Phone:	Own or Rent Home:	Mother's Date of Birth:	
Mother's Cell Phone:	Mother's Email Address:		
Mother's Employer Name: Address: City, State, Zip: Work Telephone:			
Mother's Occupation:	Mother's Length of Employment:	Mother's Gross Annual Salary:	
Mother's Education completed: High School ___ College Degree ___ Other ___ Explain:			

**OTHER**

How did you hear about the Kids With Courage Type 1 Champions Scholarship Program?

**THIS CERTIFICATION FORM MUST BE SIGNED BY THE APPLICANT AND HIS/HER PARENT OR GUARDIAN AND INCLUDED WITH YOUR APPLICATION PACKET IN ORDER TO BE CONSIDERED FOR A SCHOLARSHIP**

- I MEET THE ELIGIBILITY CRITERIA FOR THIS SCHOLARSHIP AND I CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION PACKET IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
- I CERTIFY THAT I, (APPLICANT) WILL BE A FULL-TIME STUDENT FOR THE UPCOMING ACADEMIC YEAR.
- I GIVE CONSENT, IN ACCORDANCE WITH THE FAMILY EDUCATION PRIVACY RIGHTS ACT TO ALLOW FINANCIAL OR ACADEMIC/ENROLLMENT INFORMATION TO BE RELEASED TO THE APPROPRIATE PARTIES OF KIDS WITH COURAGE TO BE USED TO VERIFY ELIGIBILITY FOR THESE SCHOLARSHIPS.
- I GIVE PERMISSION TO KIDS WITH COURAGE TO USE MY ESSAYS AS THEY CHOOSE. THEY CAN BE USED FOR AWARENESS, MARKETING MOTIVATIONAL PIECES OR IN WAYS THAT THEY MAY FIND NECESSARY.
- I CERTIFY THAT IF I AM CHOSEN AS A SCHOLARSHIP RECIPIENT, I WILL USE THE FUNDS ONLY FOR EXPENSES RELATED TO MY EDUCATION AT AN INSTITUTION OF HIGHER LEARNING IN THE UNITED STATES.
- I UNDERSTAND THAT SCHOLARSHIPS ARE TAX FREE IF I AM A CANDIDATE FOR A DEGREE AT AN EDUCATIONAL INSTITUTION THAT MAINTAINS A REGULAR FACULTY AND CURRICULUM AND NORMALLY HAS A REGULARLY ENROLLED BODY OF STUDENTS IN ATTENDANCE AT THE PLACE WHERE IT CARRIES ON ITS EDUCATIONAL ACTIVITIES; AND, THE AMOUNTS I RECEIVE ARE USED TO PAY FOR TUITION AND FEES REQUIRED FOR ENROLLMENT OR ATTENDANCE AT THE EDUCATIONAL INSTITUTION, OR FOR FEES, BOOKS, SUPPLIES, AND EQUIPMENT REQUIRED FOR COURSES AT THE EDUCATIONAL INSTITUTION.
- I UNDERSTAND THAT SCHOLARSHIPS ARE NOT TAX FREE AND THAT I WOULD BE REQUIRED TO INCLUDE IN GROSS INCOME ON MY TAXES IF THE AMOUNTS USED FOR INCIDENTAL EXPENSES, SUCH AS ROOM AND BOARD, TRAVEL AND OPTIONAL EQUIPMENT.
- I UNDERSTAND THAT IF I AM CHOSEN FOR A SCHOLARSHIP, THERE MAY BE A SCHOLARSHIP AWARD CEREMONY AND RECEPTION TAKING PLACE IN LATE JULY OR EARLY AUGUST IN THE KANSAS CITY METRO AREA THAT I WILL BE EXPECTED TO ATTEND.
- I CERTIFY THAT I HAVE READ THIS APPLICATION PACKET AND CERTIFICATION THOROUGHLY, AND ACCEPT ALL CONDITIONS.

APPLICANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN NAME (PRINTED)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**THIS PHOTO CONSENT/RELEASE FORM MUST BE SIGNED BY THE APPLICANT AND HIS/HER PARENT OR GUARDIAN AND INCLUDED WITH YOUR APPLICATION PACKET IN ORDER TO BE CONSIDERED FOR A SCHOLARSHIP**

- KIDS WITH COURAGE MAY USE MY (SCHOLARSHIP APPLICANTS) NAME AND PHOTOGRAPHS IN VARIOUS METHODS FOR AWARENESS, MARKETING, MOTIVATIONAL CAMPAIGNS OR OTHER WAYS THEY SEE FIT. (PRINT, ON-LINE, BROCHURES, NEWSPAPERS AND/OR OTHER USES.)
- AT NO TIME WILL THE APPLICANT/RECIPIENT'S ADDRESS, TELEPHONE NUMBER OR EMAIL ADDRESS BE USED OR RELEASED OUTSIDE OF OUR ORGANIZATION.

I, \_\_\_\_\_ (APPLICANT NAME, PRINTED),  
A KIDS WITH COURAGE SCHOLARSHIP APPLICANT, AUTHORIZE THE USE OF HIS/HER NAME AND PHOTOGRAPH FOR  
AWARENESS, MARKETING, MOTIVATIONAL, AND/OR OTHER PURPOSES.

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/GUARDIAN NAME (PRINTED) \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_