

TYPE 1 CHAMPIONS



APPLICATION PACKET: 2024

FOR STUDENTS BATTLING TYPE 1 DIABETES



PO Box 7034

Lee's Summit, MO 64064

816.547.8376

Email: courage@kidswithcourage.org

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, university, technical or trade school 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, 2024

QUESTIONS?

Email us at courage@kidswithcourage.org

TYPE 1 CHAMPIONS
Scholarship Checklist

APPLICANT/STUDENT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

EMAIL: _____ CELL: _____

IT IS THE APPLICANT'S SOLE RESPONSIBILITY TO ENSURE A COMPLETED APPLICATION PACKAGE IS RECEIVED NO LATER THAN APRIL 15, 2024
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. _____ **AMERICAN COLLEGE TESTING PROGRAM (ACT) or SCHOLASTIC APTITUDE TEST SCORE (SAT)**
PROVIDE PHOTOCOPY
4. _____ **ACCUMULATED GPA INFORMATION** PROVIDE PHOTOCOPY
5. _____ **HIGH SCHOOL TRANSCRIPT** PROVIDE PHOTOCOPY
6. _____ **ANY ADDITIONAL INFORMATION** THAT YOU FEEL MIGHT BE HELPFUL TO THE SCHOLARSHIP COMMITTEE
7. _____ **3 ESSAYS**
(1) **ABOUT YOU:** NO MIN OR MAX WORDS
Tell us about yourself. And, include your educational goals.
8. _____ (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?
9. _____ (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.
10. _____ **PERSONAL RECOMMENDATION LETTER** MAY BE WRITTEN BY A TEACHER, COUNSELOR, COACH, EMPLOYER, FAMILY FRIEND OR FAMILY MEMBER.
11. _____ **PHYSICIAN/DIABETES EDUCATOR LETTER OF RECOMMENDATION** OPTIONAL
12. _____ **CERTIFICATION FORM** SIGNED BY APPLICANT, AS WELL AS PARENT OR GUARDIAN
13. _____ **PHOTO CONSENT/RELEASE FORM** SIGNED BY APPLICANT AS WELL AS PARENT OR GUARDIAN
14. _____ **RECENT PHOTO**
15. _____ **SUBMIT 2 COPIES OF YOUR APPLICATION AND ALL DOCUMENTS**

MAIL YOUR COMPLETED APPLICATION PACKET TO:

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

Name: First, Middle, Last		
Home Address:		
City, State, Zip:		
Home Phone:	Cell Phone:	Email Address:
Age:	Date of Birth:	Are you currently employed? Yes No Earnings:
Current Job Title: Employer Name: Address: City, State, Zip: Phone:		Previous Job Title: Previous Employer Name: Address: City, State, Zip: Phone:

Date and age diagnosed with Type 1 diabetes:	Endocrinologist/Current Treating Doctor
A1C. Your last test date:	Name:
	Address:
	City, State, Zip:
A1C test result:	Phone:

School Name:		
Address:		
City, State, Zip:		
Phone:		
Year in School:	Cumulative GPA: (ATTACH COPY)	ACT or SAT Composite Score (ATTACH COPY)

List your school involvement for Grades 9-12. ATTACH SEPARATE SHEET IF NECESSARY

[illegible]

List artistic/athletic/community activities, involvement and awards here. ATTACH SEPARATE SHEET IF NECESSARY

[illegible]

POST SECONDARY EDUCATION

College, University, Technical or Trade School you plan to attend:

Name:

Address:

City, State, Zip:

Phone:

Field of Study:

Career Interest:

Start Date:

(Month/Year)

Select (CIRCLE ONE)

Accepted

Pending

Enrolled

Cost per year:

Have you applied for other scholarships?

Have you received other scholarships?

IF YES, 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 Name: First, Middle, Last

Home Address:

City, State, Zip:

Home Phone:

Own or Rent Home:

Father Date of Birth:

Father Cell Phone:

Father Email:

Father Employer

Name:

Address:

City, State, Zip:

Work Telephone:

Father Occupation:

Father Length of Employment:

Father Gross Annual Salary:

Father Education completed:

High School ☐ College Degree ☐ Other ☐ Explain:

Mother Name: First, Middle, Last

Home Address:

City, State, Zip:

Home Phone:

Own or Rent Home:

Mother Date of Birth:

Mother Cell Phone:

Mother Email Address:

Mother Employer

Name:

Address:

City, State, Zip:

Work Telephone:

Mother Occupation:

Mother Length of Employment:

Mother Gross Annual Salary:

Mother Education completed:

High School ☐ College Degree ☐ Other ☐ Explain:

OTHER

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

Certification Form and Photo Consent/Release Forms

THIS CERTIFICATION and 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

CERTIFICATION FORM

- I MEET THE ELIGIBILITY CRITERIA FOR THESE SCHOLARSHIPS 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 AS 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.

I, _____
(APPLICANT NAME, PRINTED)

SIGNATURE _____

DATE _____

PARENT/GUARDIAN NAME
(PRINTED) _____

SIGNATURE _____

DATE _____

PHOTO CONSENT/RELEASE FORM

- 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.

SIGNATURE _____

DATE _____

PARENT/GUARDIAN NAME
(PRINTED) _____

SIGNATURE _____

DATE _____