

FOR STUDENTS BATTLING TYPE 1 DIABETES



APPLICATION PACKET: 2025



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
- Submit current photo by emailing it to: courage@kidswithcourage.org. Photo will be used for internal/external communications promoting Type 1 Champions Scholarship Program IMPORTANT NOTE: Your application packet will not be considered complete without the pic
- 8. Review checklist to make sure you've included everything
- 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, 2025

QUESTIONS?

Email us at courage@kidswithcourage.org

Scholarship Checklist

CITY, STATE, ZIP CODE:		IT/STUDENT NAME:
EMAIL:	ADDRESS:	
IT IS THE APPLICANT'S SOLE RESPONSIBILITY TO ENSURE A COMPLETED APPLICATION PACKAGE IS RECEIVED NO LATER THAN APPLIL 15, 202 Applications that are incomplete, do not include ell supporting documents or forms that are not suppart will adomatically be disquidified and not considered for a scholarship. 1. SCHOLARSHIP CHECKLIST to be conclusted and PLACED AS THE COVER PAGE OF APPLICATION 2. COMPLETED SCHOLARSHIP APPLICATION FORM 3. AMERICAN COLLEGE TESTING PROGRAM (ACT) or SCHOLASTIC APTITUTE TEST SCORE (SAT) PROVIDE PROTOCOPY ACCUMULATED GPA INFORMATION PROVIDE PROTOCOPY 5. MOST RECENT TRANSCRIPT PROVIDE PROTOCOPY 6. ANY ADDITIONAL INFORMATION THAT YOU FEEL MIGHT BE HELPPUL TO THE SCHOLARSHIP COMMITTEE 3 ESSAYS Tell us about yourself. And, include your educational goals. 8. (2) What would your message be TO a child or young person recently diagnosed with Type 1 diabetes? 9. (3) LIFE CHALLENGES: MAXIMUM or SW WORDS 10. PERSONAL RECOMMENDATION LETTER MAY BE WRITTEN BY A TEACHER, COMMEL, CACH, EMPLOYER, FAMILY FRIEND OR FAMILY 11. PHYSICIAN/DIABETES EDUCATOR LETTER OF RECOMMENDATION OPTIONAL OCTORED AND TO USER SATES 12. CERTIFICATION FORM SUBME BY APPLICATION BY A TEACHER, COMMENDATION OPTIONAL 12. PERSONAL RECOMMENDATION LETTER SUBME BY A	CITY, STAT	E, ZIP CODE:
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14 RECENT PHOTO Email photo to: courage@kidswithcourage.org	13	PHOTO CONSENT/RELEASE FORM SIGNED BY APPLICANT AS WELL AS PARENT OR GUARDIAN. OPTIONAL FOR COLLEGE STUDENTS
	14	RECENT PHOTO Email photo to: courage@kidswithcourage.org
15 SUBMIT <u>2</u> COPIES OF YOUR APPLICATION AND ALL DOCUMENTS	15	SUBMIT 2 COPIES OF YOUR APPLICATION AND ALL DOCUMENTS

The KIDS WITH COURAGE Foundation Attn: Scholarship Committee

PO Box 7034

Lee's Summit, MO 64064

Type 1 Champions

APPLY

APPLY	Type 1 Champions

Scholarship Application

ABOUT YOU				
Name: First, Middle, Last				
Home Address:				
City, State, Zip:				
Home Phone:	Cell Phone:		Email Address:	
Age:	Date of Birth:		Are you currently employed? Earnings:	Yes No
Current Job Title: Employer Name: Address: City, State, Zip: Phone:		Previous Job Title: Previous Employer Nam Address: City, State, Zip: Phone:		
MEDICAL INFORMATION				
Date and age diagnosed with Type 1 diabetes:		Endocrinologist/Current Treat Name:	ting Doctor	
A1C. Your last test date:		Address: City, State, Zip:		
A1C test result:		Phone:		
CURRENT SCHOOL INFOR	RMATION			
School Name: Address: City, State, Zip: Phone:				
Year in School:	Cumulative GPA: (AT	TACH COPY)	ACT or SAT Composite Score (A	TTACH COPY)
SCHOOL INVOLVEMENT	List your school invol	vement. ATTACH SEPARATE SHE	ET IF NECESSARY	
ACTIVITIES/AWARDS	t artistic/athletic/comm	unity activities, involvement an	d awards here. ATTACH SEPARATE S	SHEET IF NECESSARY



Scholarship Application CONTINUED

POST SECONDARY EDUC	ATION				
College, University, Technical or Trade School you p	lan to attend:				
Name:					
Address:					
City, State, Zip: Phone:					
Field of Study:					
Start Date:	Select (CIRCLE ONE)	Cost per year:			
(Month/Year)	Accepted Pending Enrolled				
Have you applied for other scholarships?	Have you received other scholarships?	YES, LIST FROM WHOM AND AMOUNTS:			
FAMILY INFORMATION					
NOTE: If applicant is r	not living with birth parents, use legal guardian names in father and moth	ner sections and note accordingly.			
Marital status of parents:	Total number in household:	Are you presently living at home?			
Married Separated Divorced					
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:	I			
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	P				
How did you hear about the Kids With Courage Type	- 1 Champions Scholarshin Program?				



Certification Form & Photo Consent/Release Form

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 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, PRINTED)
SIGNATURE	

PARENT/GUARDIAN NAME. *OPTIONAL FOR COLLEGE STUDENTS (PRINTED)

l, _____

DATE

*SIGNATURE _____

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.
 - (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

١,

PARENT/GUARDIAN NAME *OPTIONAL FOR COLLEGE STUDENTS (PRINTED)

*SIGNATURE

DATE _____