

Lifestyle Coach Scholarship Application

Scholarship Award: \$500 to assist in covering the cost of the registration fee and/or travel to one of the Lifestyle Coach Trainings scheduled.

Identify the specific training you are applying for: _____ **Date:** _____ **Location:** _____

Please read the entire application before completing it. We encourage you to take your time and answer the questions with as much detail as you are able.

What is Lifestyle Coach Training (LSC)?

A two day in-person training, based on the curriculum developed by the Centers for Disease Control and Prevention (CDC), with additional insight from AADE. The interactive classroom setting, with additional web-based learning resources, enables participants to:

- Teach long-lasting lifestyle changes to better their patients' health and,
- To educate community members on how the National Diabetes Prevention Program (DPP) can prevent/delay type 2 diabetes.

Eligibility:

- Applicant must be an active member of AADE at the time of receipt of the scholarship.
- The program provides support to those from traditionally underrepresented and/or who work with underserved populations affected by diabetes.
- Applicants must be working for an organization that has implemented the National Diabetes Prevention Program or will be implementing the National Diabetes Prevention Program

Submission Requirements and Dates:

- Only electronically submitted applications will be accepted. Application **MUST** be submitted in MSWord format as an email attachment **at least 45 days prior to the event** to foundation@aadenet.org
- In order to allow time to set up travel, Scholarships will be awarded no longer than 30 days prior to the event by **email**.
- The number of scholarships awarded is based on available funding.

GENERAL INFORMATION

Last Name: _____ **First Name:** _____

Credentials: _____ **AADE Member Number:** _____

Home Address: _____

City/State/Zip: _____

Phone Work: _____ **Home/Cell Phone:** _____

E-Mail Address: _____

Employer: _____

I am affiliated with my state CB or LNG, please name: _____

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What is your race? (Please select all that apply):

	African American/Black		American Indian or Alaska Native		Asian		Caucasian/White
	Hispanic or Latino		Native Hawaiian or other pacific islander		Other		Prefer not to answer

Is this your first application for a scholarship from AADE?

YES

NO

Will this be your first time attending a Lifestyle Coach Training?

YES

NO

Is your organization providing the National Diabetes Prevention Program or will you be implementing a National Diabetes Prevention Program?

My organization provides the program

I will be implementing the program

In the space provided, please describe the population you work with:

In the space provided, please explain your need for financial support:

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Consent to Eligibility Requirements and Contribute

By submitting an application and entering my name below, I understand and agree to abide by the entry and eligibility requirements indicated. I understand that all materials submitted in conjunction with the scholarship application will not be returned.

I agree that, if selected, highlights from the application may be used by AADE for such purposes as sharing best practices, advertising, publicity, and promotion for or solicitation of future applications. I agree to submit a post-event testimonial (written, recorded, or video-taped) as requested in accordance with the timeline established.

I also understand that, if selected, if I fail to respond to the deadlines for submitting the necessary information to process the registration scholarship, I will forfeit receipt of the scholarship. Staff will provide the important deadlines upon receipt and notification.

Signature: _____

Date: _____

If you have any questions please contact the AADE Foundation at foundation@aadenet.org or call (800) 338-3633.