

## CORE Concepts Course Scholarship Application

**Scholarship Award:** \$500 to assist in covering the cost of the registration fee and/or travel to one of the CORE Concepts Courses.

**Identify the specific course 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 CORE Concepts?**

Immerse yourself into the world of diabetes education. Explore the fundamentals of diabetes self-management education through case studies, interactive discussions and hands-on activities with other healthcare professionals while earning up to 22 CE.

The goal of CORE Concepts® is to illustrate clinical management and diabetes self-management education tools that are most appropriate for assuring successful outcomes to the AADE7 Self-Care Behaviors™.

### **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.
- It is recommended that participants have one to two years' experience in diabetes education.

### **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](mailto: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):**

<input type="checkbox"/>	African American/Black	<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Caucasian/White
<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	Native Hawaiian or other pacific islander	<input type="checkbox"/>	Other	<input type="checkbox"/>	Prefer not to answer

<b>Is this your first application for a scholarship from AADE?</b>	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO
<b>Will this be your first time attending a CORE Concepts Course?</b>	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO

**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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How many hours per year do you volunteer – without pay and off duty – in promoting / providing diabetes education?


0 - 24 hours per year (3 x 8 hr days)

25 - 40 hours per year (5 x 8 hr days)


41 - 80 hours per year (10 x 8 hr days)

81+ hours per year

List and describe examples of diabetes education related volunteer work (local and national) non-AADE diabetes activities or local AADE affiliate Coordinating Body or Local Networking Group activities and/or AADE national activities you have been involved with over the last calendar year (January - December). Include committee work, task forces, presentations, projects, authorship, and participation in National Diabetes Education Week, and leadership roles over the last calendar year. **Activities must be voluntary and unpaid.**

Volunteer Activity	Date	AADE	Non- AADE
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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](mailto:foundation@aadenet.org) or call (800) 338-3633.*