



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 Course Training.

Identify the specific training for which you are applying.

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 care and 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™.
- The program provides support to those from traditionally underrepresented and/or who work with underserved populations affected by diabetes.

Eligibility:

- Applicant must have been an active member of ADCES for at least **two years** at the time the application is submitted.
- It is recommended that participants have one to two years' experience in diabetes care and education.

Submission Requirements and Dates:

- Only electronically submitted applications will be accepted. Application **MUST** be submitted to foundation@adces.org **at least 45 days prior to the event**. Use MS Word or PDF format and attach to the email.
- In order to allow time to arrange travel, scholarships will be approved by **email** up to 30 days prior to the event.
- Upon completion of the training, the scholarship reimbursement will be mailed.
- The number of scholarships awarded is based on available funding.

General Information

First Name	_____	Last Name	_____
Credentials	_____	ADCES Member Number	_____
Home Address	_____		
City/State/Zip	_____		
Phone (Work)	_____	Phone (Home/Cell)	_____
Email Address	_____		
Employer	_____		
Affiliation with my State CB or LNG	Please Name	_____	

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

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

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-hour days)

_____ 41 – 80 hours per year (10 x 8-hour days)

_____ 25 – 40 hours per year (5 x 8-hour days)

_____ + 81hours per year

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

Volunteer Activity	Date	ADCES	Non-ADCES

Consent to Eligibility Requirements and Contribute

By submitting this application and entering my name below, I understand and agree to abide by the entry and eligibility requirements. 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 ADCES 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 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 ADCES Foundation at foundation@adces.org or call (800) 338-3633.