



2018 STUDENT ATHLETE SCHOLARSHIP APPLICATION

Return completed application to: JDRF South Jersey Chapter, Att: Nanette Gerst, 1415 Route 70 E, Suite 311, Cherry Hill, NJ 08034. Students may also fax the application to 856-429-1105 or email it to ngerst@jdrf.org. Applications must be received by end of day on Friday, May 18, 2018. Please note applications received after the deadline date will not be considered.

Personal Information:

First Name: _____ MI: _____ Last Name: _____

Age: _____ Sex: M__ F__ DOB: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone Number: _____ Email: _____

High School: _____

Date of Type 1 Diabetes (T1D) Diagnosis: _____

Parent/Guardian Information:

Mother/Guardian Name: _____ Email: _____

Father/Guardian Name: _____ Email: _____

Sports/Academic Activities:

List all high school sports and academic teams, clubs, community activities in which you participate while in High School:

College you plan to attend: _____

Personal Statement:

Please attach a personal statement no longer than one typed page. This statement should discuss your life with Type 1 diabetes (T1D) and how you manage your diabetes while participating in a sport or sports and maintaining a 3.5 GPA. Include any information regarding activities and experiences that have helped you with your future plans.

I hereby authorize the release of my transcript and any other pertinent information by the Guidance Department for use of this scholarship eligibility.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____