



CHARLOTTE TUCKER SCHOLARSHIP
The Guild of the Children's Diabetes Foundation

App #

2024-2025 APPLICATION

Application Dates: November 1, 2023 - January 16, 2024

MUST BE COMPLETED IN ITS ENTIRETY - PLEASE TYPE OR PRINT NEATLY USING PEN

Full Name _____
First Middle Last

Social Security Number (last 4 digits) XXX-XX- ____ ____ ____ ____

Date of Birth _____ Marital Status _____ High School Graduation Date _____

Name of High School _____

Home Address _____
Street (include unit #, if applicable) City, State Zip Code

Student Cell Number _____

Student Email Address _____

Parent/Guardian Name _____

Parent/Guardian Cell Number _____

Parent/Guardian Email Address _____

Have you or either of your parents served in the U.S. Armed Forces? Yes No

Were you raised in a single parent household? Yes No

Are you a first generation American? Yes No

Within your family, are you first generation to attend college? Yes No

Are you currently receiving financial aid of any kind? Yes No

If yes, what kind? _____

Do you have any relatives who are current CDF staff, Guild members, or Board members? Yes No

If yes, please provide name(s): _____

How did you hear about the Charlotte Tucker Scholarship Program?

University/College you plan to attend or to which you have applied (list in order of preference)

Expected course of study or college major _____

Occupation or profession for which you are preparing _____

Expected year of graduation _____

Will you be attending school: Full Time Part Time (a minimum of 12 credit hours)

Where will you live? On Campus Off-Campus Home

Have you ever received the Charlotte Tucker Scholarship? Yes No

Years you received the Charlotte Tucker Scholarship: 2020 2021 2022 2023

Are you covered under parent's medical insurance? Yes No

If yes, name of insurance company _____

Are you currently seen at the Barbara Davis Center? Yes No

If so, what was the date of your last appointment? _____

Who did you see at the Barbara Davis Center? _____

Do you have a Copay? Yes No Do you have a deductible? Yes No Amount \$ _____

Are your diabetes supplies covered? Yes No

What supplies are not covered? _____

Estimated diabetes related out-of-pocket expense per year \$ _____

What will your college level be in 2024-2025? Freshman Sophomore Junior Senior

Did you take the ACT or SAT? Yes No Test Scores ACT _____ SAT _____

FAMILY FINANCIAL STATEMENT

The Selection Committee will consider your family’s financial situation, but please note you are not penalized if you have other outside financial assistance.

Will your parents/guardian contribute financially for college? Yes No

Estimated parent/guardian contribution for ONE YEAR: \$ _____

Who will contribute? Parent #1/Guardian Parent #2/Guardian Both

Other expected financial contributions: (please specify)

i.e.: 529 accounts, trusts, grandparents, & extended family

If you (the student) were employed during 2023 please complete the following:

Employer _____ Amount earned in 2023 \$ _____

Will you personally contribute financially for college? Yes No Amount \$ _____

Do you (the student) have student loans from prior years? Yes No

If yes, what is the total amount outstanding? \$ _____

Family income level: Less than \$35,000 \$36,000-\$50,000 \$51,000-\$70,000 \$71,000-\$90,000

\$91,000-\$110,000 \$111,000-\$130,000 \$131,000-\$150,000 \$151,000+

Current value (estimate) of family home \$ _____ Mortgage balance \$ _____

Other real estate equity \$ _____

Family savings, investments, trusts, etc. as of September 2023 that will be used for college expenses

Please specify amounts _____

FAMILY INFORMATION

(If you are married, please complete with spouse information rather than parent & children information rather than siblings)

Parent #1/ Guardian

Parent #2/ Guardian

Name _____

Name _____

Occupation _____

Occupation _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Sibling Information - In the table below, please list all siblings (under age 24) in order by age, oldest first.

| First Name Only | Age | Lives at Home | School Attending (If applicable) |
|-----------------|-----|---------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

APPLICANT'S ANTICIPATED EXPENSES & RESOURCES

For 2024-2025 Academic Year

This information is readily available online or from the financial aid office at the school.
The amounts you enter on this cost/resource page are to represent ONE FULL YEAR ONLY.

STUDENT TOTAL ESTIMATED ANNUAL COST

STUDENT TOTAL ESTIMATED RESOURCES

Tuition \$ _____

Family Contribution \$ _____

Room and Board \$ _____

Student Contribution \$ _____

Books & Supplies \$ _____

Scholarships & Grants
(Already awarded for 2024-2025) \$ _____

Other Expenses \$ _____

Student Loans (For 2024-2025) \$ _____

TOTAL \$ _____

TOTAL \$ _____

I certify to the best of my knowledge that the information provided on this application is ACCURATE and COMPLETE. I understand that this form is an application only and does not ensure that financial aid will be granted.

Signature of Applicant

Date

Witness

Date

Make sure you have the following requested items included in your application.

____ Application Forms – Completely filled out and unstapled. **Include Extenuating Circumstances if needed.**

____ High School or College Transcript

____ 1 PAGE Resume – **Applications with longer resumes or no resume will not be considered.**

____ TWO Evaluations

____ PERSONAL STATEMENT – **Applications without a Personal Statement will not be considered.**

PLEASE SEND COMPLETED APPLICATIONS TO:

Children's Diabetes Foundation

Attn: Mackenzie Atencio

3025 S. Parker Rd, Suite 110

Aurora, CO 80014

Email: Mackenzie@ChildrensDiabetesFoundation.org

**** APPLICATION DEADLINE -- MUST BE POSTMARKED BY JANUARY 16, 2024****

EXTENUATING CIRCUMSTANCES PAGE

If there are extenuating circumstances or situations, personally or in your family, regarding hardship, tax information, health or other matters that would help the committee to have a better understanding of financial need or other items that may otherwise not be clear, please explain here and include with your application packet.

PLEASE NOTE THIS IS NOT YOUR RESUME OR PERSONAL STATEMENT.



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All evaluations are completely confidential

Student Name _____

Evaluator Name & Position _____

How long have you known this student and in what capacity? _____

What are the first words that come to your mind to describe this student? _____

RATINGS:

Compared to other young adults you have known, please rate this person in terms of:

| | Below Average | Average | Above Average | Excellent |
|-------------------------|---------------|---------|---------------|-----------|
| Independent Thinking | | | | |
| Self-Motivation | | | | |
| Self-Confidence | | | | |
| Interaction with Peers | | | | |
| Problem Solving | | | | |
| Academic Achievement | | | | |
| Ability to Communicate | | | | |
| Disciplined Work Habits | | | | |
| Potential for Growth | | | | |
| Integrity | | | | |

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COMMENTS:

If you would like to elaborate on any of the categories above, please use the space below to write whatever you think is important about this student, including a description of academic and personal characteristics. We welcome information that will set this student apart from others.

Please email completed evaluations to:
Mackenzie Atencio, Guild Program Coordinator
Children’s Diabetes Foundation
Direct Line: 303.628.5116 · Email: Mackenzie@ChildrensDiabetesFoundation.org