



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

**PLEASE READ ALL INSTRUCTIONS BEFORE  
COMPLETING THE APPLICATION.**

All applicants (new and returning) are required to submit a new application packet.  
**PLEASE SEND ALL REQUIRED MATERIALS (BELOW)  
IN ONE APPLICATION PACKET.**

1. The **application form** filled out completely, either typed in editable PDF application form or legibly handwritten. Do not leave questions unanswered. Signatures must be handwritten.
2. An **official high school or college transcript** is required, showing at least 1 ½ years of academic performance. *Both high school and college are required if you are just completing your first year of college.*
3. Your **ONE PAGE resume**, including information about your involvement in volunteerism, leadership, clubs, sports and activities. Include any achievements and/or awards received and your long-term goals. Please also describe how receiving this scholarship will help you achieve these goals.
4. **Two (2) evaluation forms** are required, filled out completely and legibly (typed in editable PDF application form or handwritten). No relatives or peers may fill out an evaluation form. One evaluation form must come from a current teacher if possible. If you are in home school or only online, one evaluation must come from an outside educator in the home school/online process, clergy, scout leader, or leader of a volunteer organization you are involved in. Follow up with those who have filled out your evaluation forms and forward with the rest of your application if possible. If not, they may send them directly to us by email at [Mackenzie@ChildrensDiabetesFoundation.org](mailto:Mackenzie@ChildrensDiabetesFoundation.org) or mail to Children's Diabetes Foundation, Attn: Mackenzie Atencio, 3025 South Parker Road Suite 110, Aurora, CO 80014.
5. A **personal statement**, 300-500 words (typed, double spaced) written by scholarship applicant. This must accompany your application materials! If you are a returning applicant, you must write a new personal statement each year.

The "personal statement" portion of your application is one of the more important parts of your packet. Have someone edit your statement, as a poorly written or edited statement is a reflection of you. Your application will not be considered if it does not contain your personal statement! You are 100% responsible for turning in a well-written personal statement. Your statement is best written when you tell a story. This story may include the triumphs and challenges you have encountered in your life and as a student with type 1, but it doesn't have to. Whatever story you choose should be representative of you as a unique individual.

Completed packets may be submitted via email to  
[Mackenzie@ChildrensDiabetesFoundation.org](mailto:Mackenzie@ChildrensDiabetesFoundation.org) or via mail to  
Children's Diabetes Foundation  
Attn: Mackenzie Atencio  
3025 S Parker Rd, Ste 110  
Aurora, CO 80014



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App #

2025-2026 APPLICATION

Application Dates: November 1, 2024 - January 21, 2025

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)

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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:  2021  2022  2023  2024

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 2025-2026?  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 2024 please complete the following:

Employer \_\_\_\_\_ Amount earned in 2024 \$ \_\_\_\_\_

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 \$50,000  \$51,000-\$80,000  \$81,000-\$100,000  \$101,000-\$120,000

\$121,000-\$140,000  \$141,000-\$160,000  \$161,000-\$180,000  Over \$181,000

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

Other real estate equity \$ \_\_\_\_\_

Family savings, investments, trusts, etc. as of September 2024 that will be used for college expenses

Please specify amounts \_\_\_\_\_

FAMILY INFORMATION

(If you are a married applicant, please provide spouse information rather than Parent/Guardian #1. Parent/Guardian #2 and sibling information is not required for married applicants. If you have dependent children, please include their information in the space otherwise provided for sibling information.)

Parent/Guardian #1

Parent/Guardian #2

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 2025-2026 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 2025-2026) \$ \_\_\_\_\_

Other Expenses \$ \_\_\_\_\_

Student Loans (Applied for or  
anticipated for 2025-2026) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**\*Note: These two totals do NOT need to be equal.**

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 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](mailto:Mackenzie@ChildrensDiabetesFoundation.org)

**\*\* APPLICATION DEADLINE -- MUST BE POSTMARKED BY JANUARY 21, 2025\*\***

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				



