We are Team Type 1. We fight for the RIGHT TO LIVE through a global mission of education, empowerment and equal access to medicine for everyone affected by diabetes.

As the only foundation providing college scholarships exclusively to athletes with type 1 diabetes who play NCAA/NAIA sports, Team Type 1 is accepting applications from qualified students who have type 1 diabetes and meet other eligibility requirements as outlined below.

PURPOSE
Team Type 1 is funding scholarships in order to recognize young, talented athletes with type 1 diabetes who demonstrate an ability to balance both academic and sporting commitments, athletes who want to use their sport to educate, empower and inspire, and support families already burdened with additional expenses associated with diabetes care. Our goal is to develop the next generation of leaders who will stand and fight for people with diabetes around the world.

The selection process for applications is based on following criteria:

- The applicant has type 1 diabetes
- The applicant maintains a GPA of 3.0 or better
- The applicant wants to use their sports as a platform to inspire
- The applicant attends (or will attend) an accredited NCAA/NAIA institution
- The applicant competes or will compete in an NCAA/NAIA sanctioned sport
- The applicant commits to representing the Team Type 1 Foundation locally by attending speaking opportunities (at diabetes camps, conferences, or other events) and to inspire people with diabetes to better manage their disease.

Applications, along with a photo and two written references relating to your sport (i.e., from a coach, manager or professor) should be e-mailed by pdf attachment to scholarship@teamtype1.org.
BIOGRAPHICAL AND CONTACT INFORMATION:

Name: ____________________________
Date of Birth: ______________________  Male: ☐  Female: ☐
Parent/Guardian: ____________________
Parent/Guardian Phone: _________________
Parent/Guardian Email: _________________
Permanent Mailing Address: _______________
Citizen of: ____________________________
Applicant Contact Phone: _________________
Applicant Email: _________________________

ACADEMIC INFORMATION:

High school: _________________________
Location (City/State): _________________
Current Grade Point Average (GPA): ________  Other Scale: _________________
University/College attending (or planning to attend): _________________
University/College Student ID: __________________________
Address and Phone # to send the scholarship check. Please check with your school: _________________
The next school year, I will be a:  ☐ High School  ☐ University/College
☐ Freshman  ☐ Sophomore  ☐ Junior  ☐ Senior

Selection Timeline: The Team Type 1 Scholarship Committee will review all applications and award scholarships based on a subjective points system. Team Type 1 begins acceptance of all applications starting on January 1st. The submission deadline is March 31st and winners will be announced in June. Final school decision has to be made no later than June 1st.
SPORTS, ACADEMIC AND AWARDS INFO:

Will you be an athlete in the NCAA/NAIA during the next school year?  
Yes: ☐  No: ☐

Have you signed an official commitment?  
Yes: ☐  No: ☐

If yes, what sport will you be playing in?  

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<tr>
<th>Sport Played/Team Name</th>
<th>Current Competitive Level</th>
<th>Dates Played</th>
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What organized sports do you currently participate in, and when?

List your major athletic achievements in the last 3 years (include competition, team, dates, and results/ranking):

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<th>Award</th>
<th>Type</th>
<th>Results/Ranking</th>
<th>Date</th>
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Academic Awards/Honors and Community Service Activity/Awards (Recommendation letters from coaches/teachers are accepted):

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<tr>
<th>Award/Community Service</th>
<th>Description</th>
<th>Year</th>
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What is your latest HbA1c (include the units):


OTHER INFO:

Provide details of any financial support you are receiving from any other organization (including your college/university):


What is your household gross annual income?


PARENT/GUARDIAN & APPLICATION SIGNATURE:

By signing below I certify that I understand the criteria for the scholarship and submission deadline for the application form.

I hereby authorize the reviews of all aspects of this application and I acknowledge that the information provided herein is true and correct.

Applicant’s Signature: 

Date: 

Parent/Guardian Signature (if applicant is under 18) 

Date: 

• Please write an **essay** in your words answering the following questions:

  a. Please describe your athletic goals for next three years
  
  b. Please describe your academic goals:
  
  c. Please describe your community service activities:
  
  d. How will this scholarship benefit you?
  
  e. Why do you believe you are the best candidate for this scholarship?
  
  f. How many years have you had type 1 diabetes?
  
  g. What do you remember most from when you were diagnosed with type 1 diabetes?