

Do Well, Be Well with Diabetes Scholarship Request

(please turn in application with registration form)

Thank you for your interest in the *Do Well, Be Well with Diabetes* series. We hope that this educational event will provide you with the resources you need to be successful in helping you (or your loved one) manage type 2 diabetes.

Please write, briefly, how this scholarship would benefit you?

Upon receipt of this scholarship, I understand that there is limited space in the classes and I will commit to attending all classes. In the event that extenuating circumstances prevent me from attending the class, I will notify the Extension office as soon as possible. If you agree, please sign(or type your name)below:

After review, you will be notified to verify if your request for a scholarship to waive the registration fee, can be accommodated.

Thank you to our generous sponsor!



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