



DIABETES EDUCATION SCHOLARSHIP APPLICATION

Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

I, _____, am applying for a scholarship to attend Diabetes Education classes through Texas A&M Health Science Center, Coastal Bend Health Education Center Diabetes Education Program based on the following:

Please check one:

- I do not have any health insurance at the time services are provided, and due to financial restraints I am not able to pay for Diabetes Education classes.
- Due to financial restraints I am not able to pay for Diabetes Education classes.
- Due to financial restraints I am not able to pay for any unmet deductible or charges for diabetes education classes that are not covered by my insurance.

Applicant Signature

Date