

Southeast Louisiana Association of Diabetes Educators 2008 Trudy Parker Scholarship Application

Last Name: _____ First Name: _____

Address: _____

City/State/Zip _____

Phone Work: _____ Home: _____ Fax: _____

Email address: _____

The mission of the Southeast Louisiana Association of Diabetes Educators Scholarship is to promote education of health professionals to specialize in the treatment of people with diabetes in Louisiana.

The scholarship is available for \$500 to be used for attending the 2008 American Association of Diabetes Educators Convention, in Washington, DC, August 6-9 at the Washington Convention Center.

Application Criteria

The applicant must be a RN, NP, CNS, Psychologist, RD, MSW, and Pharmacist.

The applicant must be presently working with individuals with diabetes.

Only typed applications will be accepted a maximum of 4 pages.

The applicant must provide an educational program to the staff at his/her institution to be offered by December 31, 2008, sharing the information gained at this educational program with Se'LADE members through a written article for the Se'LADE Newsletter.

Completed application **and a copy of the AADE Annual meeting confirmation** must be **received by email July 15, 2008.**

Scholarship award will be announced July 25, 2008.

Two scholarships are available.

Review Criteria: Strong consideration will be given to individuals:

Unable to receive financial support for continuing education from their employer

Working with communities at high risk for diabetes

Participation in Se'LADE activities

Applications to be email to: Pam Butler at pam.butler@touro.com

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Last Name: _____ First Name: _____

Credentials: ___ RN ___ RD ___ Pharmacist ___ Psychologist ___ Nurse Practitioner
___ Clinical Nurse Specialists ___ MSW ___ CDE

Employer _____

Address: _____

Phone: (W) _____ (Cell) _____ (H) _____

Does your employer provide financial support for continuing education opportunities?
Yes ___ No ___

Have you requested these funds from your employer? Yes ___ No ___

I work in the following setting: ___ urban ___ suburban ___ rural ___ hospital ___ clinic
___ other _____

Demographics of population served: ___ under 21 ___ 22-40 ___ 41-60 ___ 61+
___ White/Caucasians ___ African American ___ Hispanic ___ Asian ___ Native Americans
___ other _____

Number of patients with diabetes seen per week? ___ 0-5 ___ 6-10 ___ 11-20 ___ 21+

Number of hours a month dedicated to diabetes education? _____

Number of hours a month dedicated to volunteer diabetes education _____

Participation in Se'LADE activities such as: committees, registration, set up of meetings,
participation in Divabetic, a speaker and other activities of the organization. _____

Other community activities as camping, walk committees, etc. _____

I affirm this information is accurate to the best of my ability

Signature _____ Date _____

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Please answer the following questions. An additional sheet of paper may be used:

How would participating in this educational opportunity advance your skills and knowledge in the area of diabetes education?

Briefly describe your patient population by age, ethnic background, barriers to learning and type of diabetes.

List one measurable outcome you expect to implement by participating in this educational opportunity. List one other positive benefit for your population?

What changes in your place of employment do you anticipate as a result of the opportunity?

Signature _____ Date _____