

DIABETES PREVENTION SUPPORT CENTER

Group Lifestyle Balance™ Training Workshop Scholarship Application



GROUP LIFESTYLE BALANCE™ SCHOLARSHIP APPLICANT INFORMATION

Last Name	First Name	Date of Workshop
Street Address		Apartment/ Unit #
City	State	ZIP
Phone	E-mail Address	

EDUCATION/CERTIFICATION

School/University	Year Graduated/ Certification Completed	Degree/Certification

CURRENT AND PREVIOUS EXPERIENCE IN LIFESTYLE INTERVENTION DELIVERY

Please list up to three work-related experiences most relevant to this application:

Organization

Responsibilities

Organization

Responsibilities

Organization

Responsibilities

PERSONAL STATEMENT

Please briefly describe why you are applying for this scholarship:

PLAN FOR GROUP LIFESTYLE BALANCE IMPLEMENTATION

Please describe your specific plan for GLB implementation:

SETTING AND TIMELINE

Please describe the setting in which you will be providing the GLB program, and projected timeline for implementation:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date