



# The John McLaren Youth Award

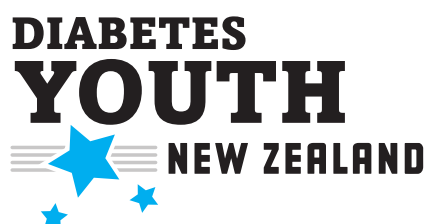
APPLICATION FORM AND INFORMATION PACK.

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# 2010

*Applications close October 31st.*

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**diabetes**  
new zealand

# The John McLaren Youth Award

Another chance to apply for THE JOHN McLAREN YOUTH AWARD - this is our yearly Achievement Award for Youth with Diabetes. This Award recognises the pursuit of excellence in the cultural, academic, and sporting fields by young people with diabetes, and seeks to encourage youth with diabetes that they can achieve their goals despite having this condition. If anyone with diabetes, up to the age of 25 years, has achieved in any field, please do not hesitate to apply. In the past we have received applications from many different sporting and cultural activities. It is and has been a huge assistance for the selectors of the Award if you include references and/or testimonials when you complete your application

We are pleased to present this opportunity to all young people with diabetes to apply for this Award which is a joint venture between Diabetes Youth New Zealand and Diabetes New Zealand. John McLaren bequeathed a sum of money from his estate to be used for the youth of New Zealand with diabetes. From discussions held, both committees agreed the best use for this bequest for the future and to best benefit our young people, would be to offer an Award for excellence. The funds are invested and will accumulate interest. There is also the opportunity, if we are fortunate enough to receive additional funds or bequests in the future, for the funds to increase and the opportunity to offer greater Awards.

The application form explains the criteria and conditions and hopefully this is self explanatory. There has been a lot of thought and input into making this Award fair and achievable for all young people with diabetes.

There are four achievers annually and from 2008, we increased the award to all four winners receiving once off amounts of \$1,000 each. Please, if you feel you have been successful in any aspect as outlined in our conditions, do apply as "Nothing Ventured, Nothing Gained".

Due to the open age limit, if you have not been successful in achieving this Award in your first attempt, you are invited to apply again in the future.

We will be forever grateful to the late John McLaren who bequeathed the money to enable this Award to be a reality.

If anyone has any queries or questions regarding any issues, please contact a local committee member to discuss or email Adrian at [contact@diabetesyouth.org.nz](mailto:contact@diabetesyouth.org.nz)

Good luck

**Hayden Vink**

President

Diabetes Youth New Zealand

**Chris Baty**

President

Diabetes New Zealand

# The John McLaren Youth Award

## Conditions

An Award has been set up by Diabetes Youth New Zealand (“DYNZ”) and Diabetes New Zealand (“DNZ”). The initial bequeath was received from the estate of the late John McLaren and will be known as The John McLaren Youth Award. A panel of four selected committee members, two from DYNZ and two from DNZ will select the recipients of the Award on an annual basis. This Award recognises the pursuit of excellence in the cultural, academic, and sporting fields by young people with diabetes, and seeks to encourage youth with diabetes that they can achieve their goals despite having this condition.

Attached is an application form to be completed by each applicant. The following are conditions and criteria for application.

1. Application can only be made by youth diagnosed with diabetes up to the age of 25 years.
2. Applicants are required to be a financial member of Diabetes Youth New Zealand, Diabetes New Zealand or a diabetes society which is a member of DNZ. A letter acknowledging current membership of the applicant’s society must be included with the application.
3. There will be four recipients of either gender of \$1,000 each per annum. This may change from time to time as funds accumulate
4. The primary purpose of the award is to provide financial assistance to youth with diabetes that will enable them to attend sporting, academic, and cultural events at a national and international level. Award money may be used for such things as travel, training, equipment, accommodation, entry fees such as those required for attending tertiary education institutions for post-graduate studies.
5. The application form is to be received by no later than October 31st of each year with funds to be used by the end of the following year. The event the funds are to be applied for has to be used within that calendar year.
6. Following the Award, each recipient of the award is required to write an article reporting on the event. The article is to be printed in the national magazine. In the case where the applicant has received funds to assist with study, to write an article on how the funds have assisted.
7. Successful recipients will be encouraged to act as Diabetes ambassadors for a period. As ambassadors, the successful applicants may be required to promote the activities of Diabetes Youth New Zealand and Diabetes New Zealand and acknowledge DYNZ and DNZ as sponsors of their endeavours.
8. The application is to be forwarded to:

**The John McLaren Youth Award**

Diabetes Youth New Zealand

123 Patterson Terrace

Halswell

Christchurch 8025

# The John McLaren Youth Award

## Application form

Name: .....

Address: .....

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Phone: ..... Mobile: .....

Email: .....

Male / Female (circle one)

How long have you had diabetes?: (please state type 1 or type 2) .....

School or Institute that you are attending: .....

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**REASON FOR APPLICATION:** (Please describe fully the event or reason you require the Award e.g., travel, accommodation, equipment, training, entry fees. Use additional paper if required.)

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**EXPLANATION/REASON YOU SHOULD RECEIVE SCHOLARSHIP:** (Please describe the benefit to you personally and how receiving the Award will assist financially or otherwise. Also provide evidence of past achievements and successes if possible). Provide additional supporting documentation as necessary.

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Please attach references from two adult persons, eg, Teacher, Coach, Leader, Family Friend, Nurse Educator or Doctor etc.

Please include a letter from your DYNZ or DNZ Society acknowledging current membership.

I acknowledge the above information is correct and true.

Signature: ..... Date: .....