

The Boston Pizza Foundation

Future Prospects Award for JDRF

Letter of Recommendation – Health Care Team



Award Program
For **JDRF**

Program Overview

JDRF is pleased to partner with the Boston Pizza Foundation to establish the Boston Pizza Foundation Future Prospects Award Program for JDRF. This Award Program was designed to shine a light on the importance of recognizing young persons who are leaders, role-models and mentors in their T1D communities.

The Boston Pizza Foundation Future Prospects Award Program for JDRF helps ease the financial burden of post-secondary education for young people by covering a portion of tuition and/or text books and materials relevant to their studies. The Award Program is open to youth and young adults aged 17 and over who live in Canada and who will be pursuing, or continuing their post-secondary, Masters, and/or post-doctoral programs in an accredited post-secondary institution in the fall of 2019.

**There will be twenty (20)
\$5,000 awards available.**

To assist with the evaluation process, student applicants must obtain a letter of recommendation from a member of their current diabetes health team.

A regulated health care team provider can be a/an:

- Endocrinologist
- Physician
- Registered Nurse/ Clinical nurse specialist
- Physician assistant
- Psychologist
- Occupational therapist
- Medical secretary
- Dietician/Nutritionist
- Certified Diabetes Educator
- Mental health professional

Please ask a member of your health care team to complete the **form** below.

Your application *must* include the attached form signed and dated by a member of your health care team.

All information provided will be treated with strict confidence under [JDRF's privacy policy](#). Applications and forms will be stored securely during the evaluation period. After 12 months, your application, including your recommendation letters, will be destroyed.



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Please have a member of your health care diabetes team fill out the following form in full. Remember to include this completed form with your application.

Your Contact Data			
Name			
Title/ Position			
Clinic			
Mailing Address			
Telephone		Email (optional)	
Student Information			
Applicant/Patient Name			
Number of years known and under your care?			
Please provide comments on your patient's willingness to manage his/her diabetes to the best of his/her ability.			
Background Information			
Please provide any relevant information about your patient's diabetes management that you feel should be considered in support of his/her application.			
<i>I verify that the information provided is accurate and a true representation of the applicant mentioned above.</i>			
Medical Professional Signature		Date	