

ELBOWBUMPKID INC

2026 Scholarship Application for Friends for Life



Application
Deadline
3/12/2026

Elbowbumpkid Inc seeks to award 1 \$1000.00 Disney gift card each to two T1D families to be used towards hotel room expenses for Friends for Life July 2026. Families applying must have a residence address and live in Connecticut with at least one family member living in their household with Type 1 diabetes.

All applicants must attend March 21, 2026 fundraiser, create a birthday or giving Tuesday facebook fundraiser, share social page promotion with community when needed through 2026 & stay connected. By participating, you allow Elbowbumpkid Inc to use pictures of your family for future initiatives.

All participants complete an after-event summary describing the experience and its impact on your family. **It is our mission to grow to support additional families and increase awareness of Type 1 Diabetes. The expectation is that scholarship recipients will encourage their network's participation in fundraisers and events. Applicants who do not participate will not be considered for future scholarship opportunities.**

Applicants for the Elbowbumpkid Inc scholarship may not apply through Children with Diabetes for their scholarship unless not approved by our program.

What It Includes/Doesn't Include

What does the Elbowbumpkid Inc scholarship include?

- One \$1,000.00 Disney gift card distributed at FFL to two families to be used towards the cost of staying at Disney Coronado Springs Resort during the FFL conference July 7 to July 12, 2026. **This opportunity is only for families that haven't attended FFL through the Elbowbumpkid Inc sponsorship previously.**
- Buddy support from a community member that has attended FFL previously to prepare you for attending Friends for Life. Onsite support while at event.

What is not included?

- Transportation to and from the event. Incidental charges (i.e., phone, room service, etc.) incurred during the stay.
- Your hotel room additional charges.
- Conference registration fees through Children with Diabetes; you must register to attend the conference on their website.
- Meals not covered by conference registration.

Questions?

All scholarship applicants will be notified via email by 3/31/2026. If approved, all registered members of the recipient family are expected to attend all educational sessions from Wednesday through Friday at the event and other events held during the conference.

I acknowledge I read the above and will comply with the requirements:

Print Name

Signature Of Applicant

You can find more information about the Children with Diabetes Friends for Life conference on their website <http://www.childrenwithdiabetes.com>. **Please do not contact them regarding this scholarship opportunity.**

THANK YOU FOR YOUR APPLICATION

facebook.com/elbowbumpkid

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This application must be typed, you can edit through Adobe or any similar program.

Personal Information

Parent Name(s) : _____

T1D Name : _____

How old is T1D : _____

Full Address (must live in CT) : _____

Diabetes Type : T1D T2D LADA Other

Cell Number : _____

Diagnosis Date : _____

Email Address : _____

Signature Of Applicant

Date

For More Information :

 Elbowbumpkidinc.org/scholarship

 scholarship@elbowbumpkidinc.org



Elbowbumpkid Inc
PO Box 603
Higganum CT 06441



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Final Acknowledgement

If selected, my family and I agree to attend the Children with Diabetes Friends for Life held in Orlando, FL on July 7-12, 2026. In consideration for accepting this scholarship, I/we understand and agree that our comments may be used in Children with Diabetes, Inc. and Elbowbumpkid Inc. literature. Potential scholarship recipients acknowledge that they will agree to all commitments listed in this application and be actively involved with Elbowbumpkid Inc through fundraisers, social media and events.

Health & Wellness Waiver

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST ELBOWBUMPKID INC AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY. ASSUMPTION OF THE RISK. I acknowledge and understand the following: 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; 2. I knowingly and freely assume all such risks related to illness and infectious diseases, even if arising from the negligence or fault of the Released Parties; and 3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties. MEDICAL ACKNOWLEDGMENT AND RELEASE. I acknowledge the health risks associated with the Activity, including but not limited to transient dizziness, lightheaded, fainting, nausea, muscle cramping, musculoskeletal injury, joint pains, sprains and strains, heart attack, stroke, or sudden death. I agree that if I experience any of these or any other symptoms during the Activity, I will discontinue my participation immediately and seek appropriate medical attention. I DO HEREBY RELEASE AND FOREVER DISCHARGE THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY. As a participant, volunteer, or attendee, You recognize that your participation, involvement and/or attendance at any ELBOWBUMPKID INC event or activity ("Activity") is voluntary and may result in personal injury (including death) and/or property damage. By attending, observing or participating in the Activity, You acknowledge and assume all risks and dangers associated with your participation and/or attendance at the Activity, and You agree that: (a) Elbowbumpkid Inc. (b) the property or site owner of the Activity, and (c) all past, present and future affiliates, successors, assigns, employees, volunteers, vendors, partners, directors, and officers, of such entities (subsections (a) through (c), collectively, the "Released Parties"), will not be responsible for any personal injury (including death), property damage, or other loss suffered as a result of your participation in, attendance at, and/or observation of the Activity, regardless if any such injuries or losses are caused by the negligence of any of the Released Parties (collectively, the "Released Claims"). BY ATTENDING AND/OR PARTICIPATING IN THE ACTIVITY, YOU ARE DEEMED TO HAVE GIVEN A FULL RELEASE OF LIABILITY TO THE RELEASED PARTIES TO THE FULLEST EXTENT PERMITTED BY LAW.



Signature Page for All Family Members Attending

We acknowledge we read the policies on the preceding pages and agree to attend regardless of the risk. All family members attending hold Elbowbumpkid Inc harmless for any damages incurred during the conference event:

_____ Your Printed Name	_____ Your Signature	_____ Date
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_____ Spouse Printed Name (if applicable)	_____ Spouse Signature (if applicable)	_____ Date
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_____ Child #1 Printed Name (or legal guardian on behalf of child under age 12)	_____ Child #1 Signature (or legal guardian on behalf of child under age 12)	_____ Date
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_____ Child #2 Printed Name (if applicable) (or legal guardian on behalf of child under age 12)	_____ Child #2 Signature (if applicable) (or legal guardian on behalf of child under age 12)	_____ Date
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Printed name, signature, and date for any other family members attending with you :

_____	_____	_____
_____	_____	_____
_____	_____	_____