



**PERSONAL BACKGROUND**

First Name:\_\_\_\_\_ Middle :\_\_\_\_\_ Last Name:\_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Home phone: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ - \_\_\_ \_\_\_ Cell phone: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ - \_\_\_ \_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

How did you hear about this award?  
\_\_\_\_\_

**MEDICAL BACKGROUND\*\***

(Applicants chosen as finalists will be required to provide confirmation of diabetes from their doctor.)

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ - \_\_\_ \_\_\_

Address:  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

You have had diabetes since what year? \_\_\_\_\_

How do you monitor your blood glucose control? \_\_\_\_\_

-How often do you do this? \_\_\_\_\_ time/s a day

How many injections do you take daily? \_\_\_\_\_ Or do you use an insulin pump?  
\_\_\_\_\_

What type of insulin do you use?  
\_\_\_\_\_

What is the significance to you of maintaining good blood glucose control?

How often do you visit your physician? \_\_\_\_\_

Do any of your relatives have diabetes? yes / no

If yes, which of your relatives have diabetes? (circle all that apply)

father   mother   sister/s   brother/s   grandfather   grandmother   uncle  
aunt

Other (relationship: \_\_\_\_\_)

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**TENNIS BACKGROUND**

Highlights of your tennis participation to date:  
(List dates and locations for significant tournaments or awards.)

Current high school or college tennis participation:  
(List name of high school or college, position on team, individual and team records, and individual district, sectional or national ranking if applicable)

Do you play other sports? If yes, please describe.

**EDUCATIONAL BACKGROUND (high school students complete Section I. College students complete Section I & II)**

Section I

Name of High School: \_\_\_\_\_ Year of Graduation \_\_\_\_\_  
Academic Average/GPA: \_\_\_\_\_ on a \_\_\_\_\_ Scale

Test Scores: PSAT \_\_\_\_\_ ACT \_\_\_\_\_ SAT \_\_\_\_\_  
Class Rank \_\_\_\_\_ out of \_\_\_\_\_ Students

Extracurricular Activities:

Honors and Awards:

Section II

Name of College/University: \_\_\_\_\_ Year of Graduation \_\_\_\_\_

GPA: \_\_\_\_\_ on a \_\_\_\_\_ Scale

Course of Study (Major, Minor, Degree Sought): \_\_\_\_\_

Test Scores: ACT \_\_\_\_\_ SAT \_\_\_\_\_

Career Objective (if known): \_\_\_\_\_

Extracurricular Activities:

Honors and Awards:



**FAMILY INFORMATION**

Name of Mother or Female Guardian: \_\_\_\_\_

Name of Father or Male Guardian: \_\_\_\_\_

Applicant lives with (check all that apply):

\_\_\_ Father \_\_\_ Mother \_\_\_ Stepfather \_\_\_ Stepmother

\_\_\_ Other (name and relationship: \_\_\_\_\_)

Answer yes or no to the following questions:

Is father deceased? \_\_\_\_\_

Is mother deceased? \_\_\_\_\_

Are parents separated? \_\_\_\_\_

Are parents divorced? \_\_\_\_\_

Is either parent disabled? \_\_\_\_\_

Specify disability: \_\_\_\_\_

Is mother employed? \_\_\_\_\_

Occupation: \_\_\_\_\_

Is father employed? \_\_\_\_\_

Occupation: \_\_\_\_\_

List by name and age others who are dependent on your parents/guardians for support:

**FINANCIAL INFORMATION\*\***

(Applicants who are chosen as finalists may be asked to provide us with a copy of their parents/guardians 2014 and 2015 federal income tax return forms)

Approximate Annual Family Income: \$ \_\_\_\_\_

Does applicant have a part-time job? \_\_\_\_\_ If yes, where?

\_\_\_\_\_

Annual Medical Expenses for Applicant: \$ \_\_\_\_\_

Does applicant have health insurance? \_\_\_\_\_

-If yes, annual medical expenses NOT covered by health insurance:

\$ \_\_\_\_\_

Annual Educational Expenses for Applicant:

\$ \_\_\_\_\_

Name of school: \_\_\_\_\_

Tuition \$ \_\_\_\_\_ Room/Board \$ \_\_\_\_\_ Fees, Books:

\$ \_\_\_\_\_

Does applicant receive financial aid or scholarships from other sources?

(List sources, amounts)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annual Tennis Expenses for Applicant:

Instruction \$ \_\_\_\_\_ Equipment \$ \_\_\_\_\_ Travel \$ \_\_\_\_\_ Fees

\$ \_\_\_\_\_

Additional Remarks regarding applicant's family situation or financial need:

[Please feel free to use additional pages to complete your answers.]

**COMMUNITY INVOLVEMENT**

Describe significant activities you participate in outside of school:

**ADDITIONAL REQUIREMENTS**

1. Attach a short essay (500 words or less) by the applicant about the significance of diabetes in her/his life.
2. Attach 2 recommendations from people who know the applicant commenting on the applicant's achievements, values, commitment, sportsmanship, and/or community service.

*I declare that the information reported on this form, to the best of my knowledge and belief, is true, correct, accurate and complete.*

**Applicant's Signature:**

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**Parent's/Guardian's Signature:**

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**Date:** \_\_\_ / \_\_\_ / \_\_\_

**EMAIL SUBMISSIONS ARE ACCEPTABLE. RETURN WITH REQUIRED ATTACHMENTS TO:**



**NOVO NORDISK DONNELLY AWARDS**  
2204 Larkdale Drive  
Glenview, IL 60025  
[dstone@wtt.com](mailto:dstone@wtt.com)

**Required Attachments:**

1. Essay
2. Two recommendations

**DEADLINE: Must be received by April 1, 2017.**