



NOVO NORDISK DONNELLY AWARDS APPLICATION

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: _____)

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:

Parent's/Guardian's Signature:

Date: ___ / ___ / ___

EMAIL SUBMISSIONS ARE ACCEPTABLE. RETURN WITH REQUIRED ATTACHMENTS TO:



NOVO NORDISK DONNELLY AWARDS
2204 Larkdale Drive
Glenview, IL 60025
dmdstone@comcast.net

- Required Attachments:**
1. Essay
 2. Two recommendations

DEADLINE: Must be received by April 1, 2018