



Presented annually through Billie Jean King WTT Charities, Inc.

PERSONAL BACKGROUND

First Name: _____ Middle Name: _____ Last Name: _____

Permanent Address: _____
Street

City State Zip Code

Phone: ____ / ____ - ____ (home) E-mail 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? _____

How do you adjust your daily regimen to accommodate your level of activity/exercise?

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 cousin/s

Other (relationship: _____)

TENNIS BACKGROUND

When and where did you first play tennis? What do you like most about tennis?

Highlights of your tennis participation to date:

(List dates and locations for significant recreational programs, tournaments, clinics, camps, or awards.)

Current intercollegiate, interscholastic, or intramural tennis participation:

(List name of university or high school, name of coach, position on team, individual and team records.)

Current ranking, if any (specify age group in district, section, or national):

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: _____ Class of _____ Academic Average: _____ on a _____ scale

Guidance Counselor: _____ Phone: _____ / _____ - _____

Test Scores: PSAT _____ ACT _____ SAT _____

Extracurricular Activities:

Honors and Awards:

Section II

Name of College/University: _____ Class of _____ 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:

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 will have to provide us with a copy of their parents/guardians 2003 and 2004 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:

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:

**Applicant or applicant's parent/guardian may be asked to talk confidentially with the selection committee to provide additional information regarding applicant's medical condition 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:

How did you hear about this award?

ADDITIONAL REQUIREMENTS

1. Attach a short essay (500 words or less) written or dictated 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 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
c/o Billie Jean King WTT Charities, Inc.
Attn: Anne Guerrant
569 N. Acacia Drive
Gilbert, AZ 85233-4122
Email: aguerrant@wtt.com

Required Attachments:
1. Essay
2. Two recommendations

DEADLINE: Must be postmarked no later than June 1, 2005