



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

Highlights of your tennis participation to date:
(List dates and locations for significant tournaments, camps, 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: _____ 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:

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 2004 and 2005 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:

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 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
c/o Billie Jean King WTT Charities, Inc.
Attn: Diane Donnelly Stone
 960 Harlem Avenue, # 983
 Glenview, IL 60025
 (212) 586-3444, x. 20
 (847) 904-7362 (fax)
Email: dstone@wtt.com

Required Attachments:
1. Essay
2. Two recommendations

DEADLINE: Must be postmarked no later than May 1, 2006