



# NOVO NORDISK DONNELLY AWARDS APPLICATION



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 \_\_\_\_

## 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 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 2002 and 2003 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**  
**Ph: 480-219-6600**  
**Email: [aguerrant@wtt.com](mailto:aguerrant@wtt.com)**

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

**DEADLINE: Must be postmarked no later than July 25, 2004.**