



SPINA BIFIDA ASSOCIATION OF GREATER NEW ENGLAND

Jean Driscoll "DREAM BIG" Award Application

DUE (completed) June 4, 2019

Personal Information

First Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____

Are you related by blood/marriage to any Board Member of the SBAGNE? _____

A relationship does not disqualify the applicant; disclosure is required to confirm that said Board Member does not take part in the decision committee.

Questions? See the **Official Posting** at www.SBAGREATERNE.org call (888-479-1900) or email KJoslin@SBAGreaterNE.org Kirk Joslin, Interim Executive Director

Please Complete all that apply.

Programs or Institutions to which you are applying/ attending

Name: _____ Address: _____

Name: _____ Address: _____

Educational Background

List the school you are attending or have most recently attended

School: _____ Address: _____

Most recent year attended: _____ Level/grade: _____

Work Experience

List full and part time positions held during the last 2 years with the most recent position first. (Attach additional pages if necessary)

Employer	Position	Dates of Employment	
_____	_____	From _____	To _____
_____	_____	From _____	To _____

Activities, Honors and Goals

List the extracurricular activities you have participated in including any volunteer work, clubs, honors and offices held. (Attach additional pages if necessary)

What are your “dream *big*” goals? (Attach additional pages if necessary)

By signing below, I affirm the following:

● *All information provided is true and accurate.*

● *If I or my nominee wins the award, an article will be in the newsletter and on the website.*

● *I or nominee has Spina Bifida.* If you are not a member of SBAGNE, a statement of disability from physician, including address and telephone number of physician. If you have provided this information in previous years SBAGNE has it on file and it is not required. *A detailed medical history is not needed.*

● *The award funds will be used for the intended purposes.*

X _____

Date: _____

Applicant Signature

Enclosed

- Personal statement (at least two paragraphs) describing goals in life, future pursuits, and any information to assist the Award Committee in determining that the mission of the Jean Driscoll Award is fulfilled.
- Recommendation (Check here if recommendation is enclosed.)
- Name of person submitting recommendation or nomination:

- Documentation of Spina Bifida if not an SBAGNE member or previously submitted.

Submit completed Application with Supporting Documentation, postmarked, faxed or emailed by June 4, 2019 to:

Mail: SBAGNE
219 East Main St Suite 100 B
Milford, Ma 01757

Fax: 508-482-5301

Email: KJoslin@SBAGreaterNE.org