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)

<table>
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<tr>
<th>Employer</th>
<th>Position</th>
<th>Dates of Employment</th>
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**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)

________________________________________________________________________
________________________________________________________________________
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*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