



# SPINA BIFIDA ASSOCIATION OF GREATER NEW ENGLAND

## Jean Driscoll “DREAM BIG” Award Application

DUE (completed) May 31, 2021

### 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](http://www.SBAGREATERNE.org) call (888-479-1900) or email [avacca@SBAGreaterNE.org](mailto:avacca@SBAGreaterNE.org)

*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)

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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.*** 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 \_\_\_\_\_  
**Applicant Signature**

Date: \_\_\_\_\_

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 previously submitted.

**Submit completed Application with Supporting Documentation, postmarked, faxed or emailed by May 31, 2021 to:**

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

Fax: 508-482-5301

Email: [JBertschmann@SBAGreaterNE.org](mailto:JBertschmann@SBAGreaterNE.org)