



# SPINA BIFIDA ASSOCIATION OF GREATER NEW ENGLAND

## OFFICIAL POSTING

### Jean Driscoll “DREAM BIG” Award 2026

The SBAGNE Board of Directors is now accepting applications for the Annual ***Jean Driscoll Award***. The SBAGNE offers this **award of up to \$1,000** as a tribute to Jean Driscoll, an eight-time Boston Marathon Champion and adult with Spina Bifida.

**The award may be used for educational, developmental or assistive programs and needs and will be awarded to a SBAGNE constituent, age 14 or older, with Spina Bifida who best demonstrates the character and determination of the scholarship’s namesake.**

Jean Driscoll, who was born with Spina Bifida and has used a wheelchair since her early teenage years, is an accomplished athlete and speaker known around the world. Jean has enjoyed a life many people can only dream about experiencing. She won silver medals in the 1992 and 1996 Women’s 800-meter Wheelchair Exhibition Event at the Summer Olympic Games as well as 5 gold, 3 silver, and 4 bronze medals across 4 Summer Paralympic Games. She was a world record holder in the 10,000-meter track event, 10K and marathon road racing distances. She has won the Boston Marathon eight times and was the first athlete in Boston’s 120+ year history to achieve this feat. She even has a street named after her in Champaign, Illinois and a park pavilion named after her in Urbana, Illinois.

## APPLICATION PROCEDURE

**Deadline: April 30, 2026**

Candidates are strongly encouraged to apply on their own behalf; however, nominations may be submitted by another person. The following application materials are required:

### **1. Statement describing the candidate’s “Dream Big” goals:**

- a) If the candidate is applying for him/her/them self(ves):
  - i. A personal statement of no fewer than two paragraphs, describing your goals in life, and your determination to “dream big.” Please be as specific as possible regarding your goals, and how this scholarship funding would help you to reach them.
  - ii. If you prefer, you may record and submit a video statement.
  - iii. If you prefer, you may request an interview with the Committee in lieu of a written or video statement.
- b) If the candidate is being nominated by another person:

- i. If the application is submitted by someone other than the individual nominated, a statement of no fewer than two paragraphs should describe the candidate's goals and discuss the dedication and determination of the nomination in achieving his or her stated goals.
  - ii. If a person is nominating a candidate for the scholarship, the candidate's name and contact information must be included with the application. SBAGNE reserves the right to reach out to candidates who are nominated for the scholarship, to ask follow up questions related to goals and usage of funds. Candidates are encouraged to proactively request this meeting with the Scholarship Committee.
- c) Regardless of format, the statement should include a detailed description of the use of the scholarship funds, and how the funds will support the applicant's pursuit of his/her dreams.

## **2. Letter of Recommendation:**

- i. If the candidate is applying him/her/them self(ves):  
He/she/they must submit at least one letter of recommendation from one person not related to him/her/them by **April 30, 2026**. The letter should verify the dedication and determination of the applicant in achieving his or her stated goals. The letter must also include the phone number and email address of the individual making the recommendation.
- ii. If the candidate is being nominated by another person:  
the nominator must include in their written statement why they recommend the candidate for the scholarship.

## **3. Supplemental Materials:**

Applicants and nominators are welcome to include supplemental materials including, but not limited to:

1. Photos
2. Artwork
3. Writing samples

## **SELECTION PROCEDURE**

The award will be granted to a person who, like Jean Driscoll, is achieving his or her goals despite any limitations imposed by Spina Bifida. The recipient of the award shall be notified of their award following the Board's determination, and a formal announcement will be made at an upcoming SBAGNE event and/or via email, newsletter, and social media.

The selection process is very competitive. Applicants are encouraged to submit a thorough and detailed application. The Selection Committee shall review the applications in light of the following:

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- a) Provision of a complete application and supporting documentation submitted prior to the deadline;
- b) In the manner of Jean Driscoll, evidence of achieving goals despite any limitations arising from Spina Bifida; and
- c) The Selection Committee will give preferential treatment to applicants who have never been selected for the award. Previous winners are not excluded from the award; however, extra consideration will be given to applicants who have never been selected.

### **THE AWARD**

If timing allows, the recipient will be invited to attend an award presentation at the SBAGNE Walk N Roll events on **May 16 and May 17**.

A photograph of the recipient will be requested (though not required) for the newsletter.

The recipient shall have the option of placing his or her personal statement in the SBAGNE newsletter.

The winning applicant's statement will be shared with Jean Driscoll, and every effort will be made to schedule an opportunity to meet with her virtually to receive the award.



# SPINA BIFIDA ASSOCIATION OF GREATER NEW ENGLAND

## Jean Driscoll "Dream Big" Scholarship 2026 Maximum total benefit \$1,000

Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Scholarship award will be used to fund: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**By signing below, I affirm the following:**

- **All information provided is true and accurate.**
- **I/my nominee is a member of SBAGNE.**
- **I/my nominee has Spina Bifida.**
- **I/my nominee resides in the SBAGNE service area.**
- **If a portion of the application is deficient or if there is a question of residency, SBAGNE reserves the right to clarify and/or request additional information for the award.**

\_\_\_\_\_  
Applicant or Nominator Signature

\_\_\_\_\_  
Date

**Submit completed Application by mail or email to:**

Mail: **Spina Bifida Association of Greater New England**  
P.O. Box 681  
Natick, MA 01760

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