

**THE SPINA BIFIDA AND HYDROCEPHALUS
ASSOCIATION OF CANADA
2020 BURSARY PROGRAM APPLICATION FORM**

This is an application for a Bursary administered by the Spina Bifida and Hydrocephalus Association of Canada.

Students are eligible to receive an award one time

To ensure that you will be considered for this Bursary, answer all the questions carefully. All information supplied on this form will be considered confidential by the Committee. Falsification of any information will result in automatic rejection of application.

Return 1 copy of the completed application form and attachments to:
Bursary Program Committee
Spina Bifida and Hydrocephalus Association of Canada
472-167 Lombard Ave
Winnipeg, Manitoba
R3B 0T6
or fax to 1-204-925-3654 or email to bursary@sbhac.ca

Canada Post - Applications must be post marked by Noon (DST) of the
third Wednesday in May.

Fax or email – Applications must be time stamped by Noon (DST) of the
third Wednesday in May

(email requires that all sheets are scanned, to provide all required information and signature).

Late or incomplete applications will not be considered.

Name: _____
(surname) (first name) (middle initial)

Mailing Address _____

Postal Code: _____

Email Address ; _____

Telephone No.: _____ **Date of Birth:** _____

Name & Address of Parents or Appointed Legal Guardian:

I am a Canadian citizen _____ or permanent resident _____

Membership –

An applicant must be a member in good standing of SBHAC for a minimum of one (1) year.

_____ I am a member of SBHAC directly (I pay my membership fees directly to SBHAC)

_____ I am a member of SBHAC through my local SB/H association _____
(name of local association) which is a registered member of SBHAC (I pay my membership fees to my local association). *Please verify that your local association is a member of SBHAC as not all provincial associations are members in good standing of SBHAC.*

The following associations are presently members of SBHAC – British Columbia, Northern Alberta; Southern Alberta; South Saskatchewan; Saskatchewan North; Manitoba; Nova Scotia; and Prince Edward Island.

1. Name the educational facility you plan to attend and attach your letter of acceptance at the educational facility. An academic transcript will be sufficient if returning to the same post-secondary school.

2. Proposed course of study: _____
Number of courses to be taken this year (min. 3 courses) _____

3. Year of study in program- 1st, 2nd, 3rd, 4th...: _____
Date that courses begin _____

4. State your future educational and career objectives?

5. Estimated Expenses: *Please indicate dollar figure*
Tuition \$ _____ Books \$ _____ Residence \$ _____
Travel \$ _____ Attendant \$ _____ Medical Expenses \$ _____

Proposed Financing: *Please indicate dollar figure*
Bursary/scholarships (already awarded) \$ _____ Loan \$ _____
Family \$ _____ Employment \$ _____

6. Please describe the type and extent of your disability.
(Bursary open only to those with spina bifida and/or hydrocephalus)

Spina Bifida only ___ Hydrocephalus only ___ Spina Bifida & Hydrocephalus ___
Shunt ___

Wheelchair part-time ___ full-time ___

Crutches part-time ___ full-time ___

Other Mobility Aids _____

Assistance Needed part-time ___ full-time ___

Bowel/Bladder Incontinence _____

Comments: _____

7. Give the name and address of the medical doctor who can confirm the details of your disability.

8. Have you applied for any other education award, scholarship, or bursary, or government assistance? If yes, state which one(s).

9. Have you received any another education award, scholarship or bursary? If yes, please give name and year of award.

Students are eligible to receive the SBHAC award one time only

10. How have you and your family been involved in your local SB/H association or SBHAC? (you can include in your personal letter also)

Please attach the following to the application and send one (1) complete copy:

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- A. Letter of acceptance from the post-secondary school or proof of registration. An academic transcript will be sufficient if returning to the same post secondary school.**
- B. A resume that includes the following:**
 - a/ a listing in chronological order the educational institutes you attended and grades completed.**
 - b/ Your hobbies and special interests**
 - c/ your employment history**
 - d/ your volunteer activities**
- C. A letter of reference from principal or teacher, or community official, such as a minister, youth group leader, coach, volunteer supervisor or friend.**
- D. A letter stating why you feel that you are deserving of this award. This is your chance to tell us about yourself.**
- E. Transcript of marks from most recent year of study. (photocopy accepted)**

I confirm that the information in this application is correct to the best of my knowledge.

Any changes to the information in your bursary application must be identified to the SBHAC Education Committee with a revised bursary application.

SIGNATURE: _____

DATE: _____

Acceptance of a bursary will allow SBHAC to use your name, picture, testimonial and reports in their newsletter and fund-raising efforts.

For SBHAC office use only

_____ SBHAC membership verified (1 year min)

_____ Letter of acceptance enclosed **An academic transcript will be sufficient if returning to the same post secondary school.**

_____ Resume enclosed

_____ Letter of reference enclosed

_____ Letter from applicant enclosed

_____ Copy of transcripts enclosed

_____ Date of receipt of emailed or faxed application

_____ Date of Canada Post stamp if application received via Canada Post

_____ SBHAC staff signature _____date