THE SPINA BIFIDA AND HYDROCEPHALUS ASSOCIATION OF CANADA

2023 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 info@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_____

<u>Membership</u> –
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.

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/ semester)_____

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 ___

   Comments: _____

   _____

7. **Give the name, address and phone number of the medical doctor who can confirm the details of your disability.**
   __ I give permission to SBHAC to contact my doctor to confirm my diagnosis.

_____

_____

_____

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 other 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 _____date

signature Revised: Feb 7, 2023