

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

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

****NEW – SBHAC is now accepting applications twice a year.**

****NEW - Students are eligible to receive the SBHAC award more than 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:

Email to info@sbhac.ca

Email – Applications must be time stamped by Noon (DST) of the

Last Wednesday in July
third Wednesday in Nov

Email requires that all sheets are scanned or photographed, 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.

1. Name the educational facility you plan to attend and attach your letter of acceptance at the educational facility. An non-official 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 per year*
Tuition \$ _____ Books \$ _____ Residence \$ _____
Travel \$ _____ Attendant \$ _____ Medical Expenses \$ _____

Proposed Financing: *Please indicate dollar figure per year*

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 for this Academic year ? If yes, please provide information.

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SBHAC award more than one time.**

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.
A non-official academic transcript will be sufficient if returning to the same post secondary school.

B. A resume that includes the following:

1. A. Letter of acceptance from the post-secondary school. A non-official 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 starting from High School years;

b) your hobbies and special interests;

c) any employment history you may have;

d) your volunteer activities.

C. A letter of reference from a principal, teacher, community official, such as but not limited to 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. A non-official transcript of marks from most recent year of study. (only one copy of transcript is required)

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 **A non-official 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 application

_____ SBHAC staff signature _____ date