



**Spina Bifida and Hydrocephalus Association of Canada  
Association de spina-bifida et d'hydrocéphalie du Canada**

# **Bursary Application 2011**

This is an application for National Bursary administered by the Spina Bifida and Hydrocephalus Association of Canada. To ensure that you will be considered for this Bursary, answer all questions carefully. All information supplied on this form will be considered confidential. Falsification of any information will result in automatic rejection of the application. Questions? Call 1-800-565-9488 (English/French)

Return 1 Copy of the completed application form with all attachments,  
*(Late or incomplete applications will not be considered)*  
May 15, 2011 4:30 pm (CST) to:

***National Bursary Program***  
Spina Bifida and Hydrocephalus Association of Canada  
647-167 av. Lombard Ave  
Winnipeg MB R3B 0V3  
[bursary@sbhac.ca](mailto:bursary@sbhac.ca)

Name: \_\_\_\_\_  
(Surname) (First name) (Middle initial)

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

Postal Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name & Address of Parents or Appointed Legal Guardian: (if different)  
\_\_\_\_\_  
\_\_\_\_\_

I am a Canadian citizen /or landed immigrant yes \_\_\_\_\_ no \_\_\_\_\_

I have been a member of SBHAC for \_\_\_\_\_ years (minimum 1 year required)  
\_\_\_\_\_ directly or  
\_\_\_\_\_ through my local association \_\_\_\_\_  
(Name of local assoc)

Name the educational facility you plan to attend and attach your letter of acceptance from the educational facility.  
\_\_\_\_\_  
\_\_\_\_\_

Proposed course of study: \_\_\_\_\_

Year of study in program (if not first year): \_\_\_\_\_

State your future educational and career objectives?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Expenses:**

Tuition	_____		
Books	_____		
Residence	_____		
Travel	_____		
Attendant	_____		
Medical Expenses	_____	TOTAL	_____

**Proposed Financing:**

Bursary/scholarships (already awarded)	_____		
Loan	_____		
Family	_____		
Employment	_____	TOTAL	_____

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

Spina Bifida	_____		
Hydrocephalus	_____		
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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide the name and address of a medical doctor who can confirm the details of your disability.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you applied for any other education award, scholarship, or bursary, or government assistance? (If yes, please provide name and value).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How have you and your family been involved in your local SB/H association or SBHAC?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach the following to the application and send one complete copy:**  
*(The completed application must reach the SBHAC office by May 15, 2011 at 4:30 pm to qualify.)*

- A. Letter of acceptance from the post-secondary school or proof of registration
- B. A resume that includes the following:
  - \* A listing in chronological order the educational institutes you attended and grades completed.
  - \* Your hobbies and special interests
  - \* Your employment history
  - \* 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. Official Transcript of your marks from the most recent year of study. Copy is acceptable

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

SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

Acceptance of a bursary will allow SBHAC to use your name, picture, testimonial and reports in their newsletter and fund-raising efforts. *(Your signature above indicates your agreement.)*

For office use only

_____ SBHAC membership verified (1 yr)	_____ Letter of reference enclosed
_____ Letter of acceptance enclosed	_____ Letter from applicant enclosed
_____ Resume enclosed	_____ Transcript enclosed

SBHAC verification complete Signature: \_\_\_\_\_ Date: \_\_\_\_\_