



**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. 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, no later than 4:30 pm May 15, 200\_ to:

Incomplete or late applications will not be considered.

Bursary Program Committee  
Spina Bifida And Hydrocephalus Association of Canada  
428-167 Lombard Ave  
Winnipeg, Manitoba  
R3B 0V3

**Name:** \_\_\_\_\_  
(surname) (first name) (middle initial)

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

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

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

Name & Address of Parents or Appointed Legal Guardian:

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

I am a Canadian citizen \_\_\_\_\_ or landed immigrant \_\_\_\_\_

I have been a member of SBHAC for \_\_\_\_\_ years ( minimum requirement - 1 year)  
\_\_\_\_\_ directly  
\_\_\_\_\_ through my local SB/H association \_\_\_\_\_  
(name of local assoc)

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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: \_\_\_\_\_

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

4. State your future educational and career objectives?

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

5. Estimated Expenses:

Tuition \_\_\_\_\_ Books \_\_\_\_\_ Residence \_\_\_\_\_  
Travel \_\_\_\_\_ Attendant \_\_\_\_\_ Medical Expenses \_\_\_\_\_

Proposed Financing:

Bursary/scholarships (already awarded) \_\_\_\_\_ Loan \_\_\_\_\_  
Family \_\_\_\_\_ Employment \_\_\_\_\_

6. Please describe the type and extent of your disability.

(Bursary open 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.**

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

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

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**Please attach the following to the application and send 1 complete copy:**

(The completed application **must** reach the SBHAC office by May 15, 200\_ at 4:30 pm to qualify.)

- 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.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

their newsletter and fund-raising efforts.

For office use only

\_\_\_\_\_ SBHAC membership verified (1 year minimum)  
\_\_\_\_\_ letter of acceptance enclosed  
\_\_\_\_\_ resume enclosed  
\_\_\_\_\_ letter of reference enclosed  
\_\_\_\_\_ letter from applicant enclosed  
\_\_\_\_\_ copy of transcripts enclosed

\_\_\_\_\_ SBHAC staff signature                      \_\_\_\_\_ date

June 2005  
Feb 2007  
June 2007  
June 2008