SPINA BIFIDA ASSOCIATION OF WESTERN NEW YORK

137 Warner Avenue, North Tonawanda, New York 14120
Telephone: (716) 446-5595

HOSPITALITY FUND APPLICATION

Date of Application ___________________________

Name of Person (with SB, hydrocephalus or related neural tube defect) Requesting Aid:

____

Address: ________________________________ City: _____________________ State: ______ Zip: __________

Phone Number: _______________________________ Email: ____

Check One: Child _____ Adult _____ Date of Birth: ____

If child, name of parent requesting grant: ____

How long have you been a dues-paying member of the SBAWNY? _______________________________________

Which SBAWNY Committee or function have you been assisting with? _________________________________

Length of hospital stay (24 hour minimum): ___________________

Reason for hospitalization: ____

Dates of procedure(s): ____

Type of expense(s): ____ Amount: _______________________

Fund eligibility and the amount awarded are solely at the discretion of the fund's administrative committee. The SBAWNY Board of Directors reserves the right to discontinue this fund at any time or if all funds have been depleted.

Please refer to the reverse side of this application for the "Hospitality Fund Rules of Operation."

Send this completed application along with a discharge order from the hospital showing the dates you were admitted and discharged and ***original*** receipts to one of the following Hospitality Fund Administrative Committee members:

Primary: Pam Morris
137 Warner Avenue
N. Tonawanda, NY 14120

Alternate: Karen Savanyu
1709 Beaver Meadow Road
Java Center, NY 14086

FOR SBAWNY USE ONLY: Current dues paid? Circle YES or NO Date paid: __________________________
Approved by: ___________________________________ Date: __________________ Amount: $_____________
Paid by: _______________________________________ Date: __________________ Check # ______________

HOSPITALITY FUND RULES OF OPERATION

Effective January 1, 2008

1. The Spina Bifida Association of Western New York (SBAWNY) Board of Directors reserves the right to amend these rules and to discontinue this fund if/when funds have been depleted.

2. All fund recipients are encouraged to be current dues paying members of the SBAWNY.

3. All fund recipients are encouraged to volunteer on a committee or assist with a SBAWNY function or fundraiser. Fund recipients will be added to a volunteer database and they may be called upon occasionally to assist with functions and/or fundraisers.

4. All fund recipients must reside in SBAWNY's service area, which includes only the following New York counties: Erie, Niagara, Allegany, Orleans, Cattaraugus, Chautauqua, Wyoming, and Genesee.

5. ***Original*** receipts must accompany all fund requests.

6. Applications for reimbursement of prior year expenditures must be submitted no later than March 31. No prior year applications will be accepted after that date.

7. Eligible expenses include the following types of expenses directly related to the hospital stay: telephone expenses, television rental, parking fees, meals for immediate family (parents and/or siblings).

8. Funds are available up to a yearly maximum of $100.00 per person, based on availability of funds. Grant eligibility and amount are solely at the discretion of the fund's administrative committee. Funds are not guaranteed. In the event that an application is denied, the applicant will be notified in writing.

9. An application, along with ***original*** receipts, and a discharge order from the hospital showing the dates you were admitted and discharged (24-hour minimum stay required), must be submitted with each request. The SBAWNY treasurer will issue payment within 30 days of receipt of the administrative committee's approval and depending upon availability of funds.

10. Applications may be obtained from the following Hospitality Fund Administrative Committee members:

Primary: Pam Morris
137 Warner Avenue
N. Tonawanda, NY 14120
Phone: (716) 694-8567

Alternate: Karen Savanyu
1709 Beaver Meadow Road
Java Center, NY 14086
Phone: (585) 457-9867

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