



**SPINA BIFIDA ASSOCIATION OF WESTERN NEW YORK**

137 Warner Avenue, North Tonawanda, New York 14120

Telephone: (716) 446-5595

**PHYSICAL FITNESS 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? \_\_\_\_\_

Amount of aid requested? \_\_\_\_\_ (maximum of \$300 per calendar year)

For consideration, please briefly describe the activity and how you or your child benefits from it:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 "Physical Fitness Fund Rules of Operation."

Send this completed application with *original* receipts attached to one of the following Physical Fitness Fund Administrative Committee members:

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

Alternate: Karen Savanyu  
1709 Beaver Meadow Road  
Java Center, NY 14082

<b>FOR SBAWNY USE ONLY:</b> Current dues paid? Circle YES or NO Date paid: _____			
Approved by: _____	Date: _____	Amount: \$ _____	_____
Paid by: _____	Date: _____	Check # _____	_____

## PHYSICAL FITNESS 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. Physical Fitness Fund applications may be made by individuals with spina bifida and/or hydrocephalus to help defray costs related to **physical fitness activities including but not limited to memberships and fees for gyms and/or athletic facilities, exercise and/or fitness classes, adapted sports programs, therapeutic horseback riding and various weight-loss programs.**
8. Funds are available up to a yearly maximum of \$300.00 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 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 Physical Fitness 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 14082  
Phone: (585) 457-9867

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