



**SPINA BIFIDA ASSOCIATION OF WESTERN NEW YORK**

137 Warner Avenue, North Tonawanda, New York 14120

Telephone: (716) 446-5595

**EDUCATIONAL SCHOLARSHIP FUND APPLICATION**

Date of Application \_\_\_\_\_

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

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Address of School/College/Training institution you plan to attend: \_\_\_\_\_

\_\_\_\_\_

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

Are you a member of SBAA? \_\_\_\_\_

Which SBAWNY Committee or function have you been assisting with? \_\_\_\_\_

What other financial assistance will you be receiving? (List sources and amounts): \_\_\_\_\_

\_\_\_\_\_

How will you use this money? \_\_\_\_\_

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 "Educational Scholarship Fund Rules of Operation."

Send this completed application and required attachments to one of the following Educational Scholarship 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

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

## EDUCATIONAL SCHOLARSHIP 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 counties: Erie, Niagara, Allegany, Orleans, Cattaraugus, Chautauqua, Wyoming, and Genesee.
5. **This Application must be accompanied by all of the following:** A letter or receipt verifying admission to college/school, one reference letter from college/high school faculty member, one personal or work-related reference from someone not related to you, and a statement written by you describing your background, goals in life, future educational pursuits and anything else you feel would be helpful to the Scholarship Committee.
6. Applications for reimbursement of expenditures from the prior calendar year must be submitted no later than March 31. No prior year applications will be accepted after that date.
7. The Scholarship Fund was established to offer financial assistance to individuals with spina bifida, hydrocephalus and related neural tube defects. The fund offers assistance for many facets of education or training, academic, vocational or para-professional skill training post high school. The award may be used for part-time or full-time study. Only accredited college/school programs will be accepted.
8. Funds are available up to a yearly maximum of \$500.00 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, including a letter or receipt verifying admission, 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 Scholarship 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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