Spina Bifida & Hydrocephalus

Association of Southern Alberta

P.O. Box 6837 Station "D" Calgary, Alberta T2P 2E9 SBHASA.INFO@SHAW.CA WWW.SBHASA.CA

FUNDING PROGRAM APPLICATION FORM

This is an application for the Spina Bifida and Hydrocephalus Association of Southern Alberta (SBHASA) funding program. Please provide all the information requested and attach ***original receipts***. **WE ALSO REQUIRE A 2ND COPY (send 2 sets → the original & a second copy consisting of all receipts and the application form).** If we do not receive 2 copies, we will not be able to process your claim. Please mail all paperwork (both copies) to the address above.

Services and materials must be purchased for the individual with Spina Bifida and/or associated hydrocephalus. To be eligible for the support fund, you must be:

- A member in good standing with the Spina Bifida and Hydrocephalus Association of Southern Alberta.
- A resident of *Southern Alberta*.

Name of Applicant: _____

Name & Date of Birth of Person with Spina Bifida and/or Hydrocephalus …

Name: _____

Date of Birth: _____

Address: _____

City_____ Province_____ Postal Code: _____

Phone Number: _____ E-mail Address: _____

Volunteer Time (list events, committees, & hours): _____

Cost you are asking the SBHASA to reimburse: (Maximum Funds Available $2,500.00 per year)

Total cost of receipts: _____ Amount applied for: _____

****All requests & original receipts must be received by Jan. 31 to be considered for previous year.**

Signature: _____ Date: _____

The SBHASA endeavours to equalize opportunities for individuals with spina bifida and/or hydrocephalus by funding costs which are incurred as result of living with this condition.

Last Revised: November 2017