



# SPINA BIFIDA ASSOCIATION OF CONNECTICUT

## 2010 SCHOLARSHIP FUND

The SBAC Scholarship Fund was established to help people with spina bifida achieve their maximum potential through higher education. The SBAC welcomes and encourages its members to pursue the opportunity of higher education.

It shall be the goal of the Spina Bifida Association to work towards assisting, through monetary support, as many of its members as possible. It shall be the responsibility of the Allocation Committee to distribute any funds to individuals according to policy.

### SBAC Award Criteria:

- Applicant must have spina bifida. A physician statement of disability is required, including the physician's address and phone number.
- Applicant must be an applicant of, enrolled in, or accepted by a college, university, trade, vocational or business school. A letter of acceptance is required. For those applicants who have not yet been accepted, final awarding of the scholarship is dependant upon acceptance.

### SBAC Award Guidelines:

- Applicant must submit the completed application, postmarked by April 15, 2010, to be eligible for consideration.
- Awards are based on the following criteria: academic record, other efforts shown in school, involvement in the community, leadership qualities, commitment to personal goals and work history.
- Applications will be ranked by use of a weighted scoring system by Scholarship Committee members. The full Allocations Committee has the final authority for determination of award recipients.
- Amount of each Scholarship Award is \$1000.00
- The Allocation committee will determine annually the number of awards. This decision is based on funds available for scholarships.
- Funds will be paid directly to the school of higher education.
- Notification to all applicants regarding decisions will be sent no later than June 15, 2010.



**SPINA BIFIDA ASSOCIATION  
OF CONNECTICUT**

2010 SCHOLARSHIP FUND APPLICATION

To the Applicant: Application must be typewritten or printed in ink.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Name and address of school you will attend (if known):

\_\_\_\_\_

Degree/course of study: \_\_\_\_\_

What will the total cost of your education be for the year? \_\_\_\_\_  
(include tuition, books, room & board)

How do you expect to finance your education?

\_\_\_\_\_

What other scholarships or grants have you received or applied for this year?

\_\_\_\_\_

Total amount awarded from other scholarships/grants? \_\_\_\_\_

List all extra curricular school activities in which you have participated. (Current Students)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any Community Service activities (all applicants).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Individual/family participation in SBAC event/activities have included:

\_\_\_\_\_

What are your career/occupational goals?

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Work Experience:

Please list any full or part time jobs held within the last 2 years:

Employer	Position held	Dates
1.	_____	_____
2.	_____	_____
3.	_____	_____

Your application must include the following to be eligible for submission:

- Completed application form.
- Acceptance letter or letter of application, from an institution of higher education.
- Copy of school transcript, diploma or GED (FOR CURRENT STUDENTS OR RECENT GRADS)
- A physician's statement of disability. Applicant must have spina bifida.
- Letters of recommendation:  
Current students - one from school faculty, one from person not related.  
Returning Student (out for school for more than 2 years) - two from persons not related.
- Personal statement (2-3 typewritten pages) explaining educational goals. Include reasons for selecting those goals; describe any outstanding accomplishments or contributions made through school, extra-curricular, religious group, or SBAC member activities; and community and volunteer work.

Application will be considered only if completed in full with the required information. All information will be held in confidence.

All applications must be postmarked by April 15, 2010 and submitted to:

SBAC  
P.O. Box 2545  
Hartford, CT 06146 - 2545  
Attn: Scholarship Committee

Please contact the SBAC if any questions should arise.

Notification to all applicants regarding decisions will be sent no later than June 15, 2010.