



**SPINA BIFIDA ASSOCIATION  
OF CALIFORNIA**

**Conference Scholarship Application**

**DUE (Completed) by March 31, 2016**

**Personal Information**

Name of Person with SB: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Questions?** Contact Breanne Long at 310.359.9611 or blong@sbaa.org

*By signing below, I affirm the following:*

- *All information provided is true and accurate.*
- *If I am awarded a scholarship, I intend to sign the contract and abide by the requirements of the Official Posting.*
- *I/My child have Spina Bifida A statement of disability from physician, including address and telephone number of physician.*
- *The scholarship funds will be used for the intended purposes.*
- *A Qualified Applicant (shortened to QA) is a person with Spina Bifida (or that person’s parent/guardian) who resides in the SBA of CA service area. The QA must be a resident of the SBA of CA ervice area for a minimum of 6 months in the calendar year.”*

X \_\_\_\_\_

Date: \_\_\_\_\_

**Applicant Signature**

Attached:

- Exhibit A: Applicant Proposal/Contract
- Exhibit B: Attached Reasons for wanting to attend conference
- Exhibit C: Attached proposal for Post-Conference Activity
- Exhibit D: Documentation of Spina Bifida if not previously submitted

**Submit completed Application postmarked, faxed, or emailed by March 31, 2016:**

**By email to:** blong@sbaa.org **or Fax #**202-944-3295

**MAIL TO:** SBA – Spina Bifida Association  
1600 Wilson Blvd. Suite 800  
Arlington, VA 22209  
Attn: Breanne Long

**Exhibit A**

**Information For SBA of CA Conference Scholarship  
Applicant: \_\_\_\_\_**

**Proposal/Contract**

Prospective Conference attendee's names and ages (if child):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last attended conference: \_\_\_\_\_

**Proposed expenses:**

Registration Fee:	\$ _____		
Hotel:	\$ _____		
Transportation:	\$ _____	\$ _____	\$ _____
Food:	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Total of proposed expenses for attendees: \$ \_\_\_\_\_

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**CONTRACT** for SBA of CA paying \$1,000 of my 2016 SBA Conference costs:

By signing below, I agree to the following:

- 1- I have read and understand the information provided in the Official Posting, the Flyer and the Application;
- 2- I intend to abide by the requirements to obtain my SBA Conference Benefit of \$1,000.
- 3- I will provide the list of Conference Sessions attended (at least 1/2 of conference courses).
- 4- I will complete the agreed upon Post-Conference requirement as set out in Exhibit B.
- 5- I will provide receipts for all expenses incurred for which I will be requesting reimbursement.
- 6- I will act in a professional manner.
- 7- I must reimburse SBA of CA for any expenses incurred by SBA of CA if I can't attend for any reason other than a documented medical emergency.

Date: \_\_\_\_\_

Accepted by Applicant: \_\_\_\_\_

**Exhibit B**

**Reason For Wanting to Attend SBA National Conference:**

**Exhibit C**

**Proposal for Post Conference Activity:**