



**SPINA BIFIDA ASSOCIATION  
OF THE MID-ATLANTIC REGION**

**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?** Call Mary Nethercutt, National Chapter Development and Walk Director:  
Direct # 202-618-4752 or 1 800 621 3141 x 20 Email: [mnethercutt@sbaa.org](mailto:mnethercutt@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 SBAMAR service area. The QA must be a resident of the SBAMAR service 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: [mnethercutt@sbaa.org](mailto:mnethercutt@sbaa.org) or Fax #202-944-3295**

**MAIL TO:** SBA – Spina Bifida Association  
1600 Wilson Blvd. Suite 800  
Arlington, VA 22216  
Attn: Mary Nethercutt

**Exhibit A**  
**INFORMATION FOR SBAMAR Conference Scholarship**  
**Applicant: \_\_\_\_\_ Proposal/Contract**

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

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

Last attended conference:

\_\_\_\_\_

**Proposed expenses:**

**Registration Fee (prior to 5/31) \$ \_\_\_\_\_ Hotel: \$ \_\_\_\_\_**

Airfare/gas:	\$ _____	Transports:	\$ _____
Food:	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

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

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**CONTRACT** for SBAMAR 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 ½ 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 SBAMAR for any expenses incurred by SBAMAR if I can't attend for any reason other than a documented medical emergency.

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

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