



**SPINA BIFIDA ASSOCIATION
OF THE CAROLINAS**

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

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 SBANCSC service area. The QA must be a resident of the SBANCSC 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 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 SBANCSC 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: \$ _____

CONTRACT for SBANCSC 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: _____