



SBHANA SCHOLARSHIP

In memory of
Dr. Peter Bowen

Field of study	Undergraduate program in any field of study in a post-secondary facility.
Value	Two \$1,000.00 scholarships awarded annually.
Qualifications	Applicants must provide confirmation of Spina Bifida and/or Hydrocephalus by a medical professional, be a Canadian citizen for at least two years, have a home address in Red Deer, the NWT, or north of Red Deer, and be registered in a post-secondary institution.
Application	Candidates are required to submit a letter of reference from a previous teacher or administrator (applicants who have been out of high school one or more years submit a letter from a recent employer or supervisor), letter verifying registration in a program at a recognized post-secondary institution, an official Alberta Education or most recent post-secondary transcript, and a letter from the candidate stating his or her eligibility, community involvement and plans for the future.
Selection	Applicants will be judged on their motivation, maturity, and academic background. The selection committee will consist of a professional involved in the treatment of persons with disabilities, a member of the Board of Directors for the Spina Bifida and Hydrocephalus Association of Northern Alberta, and a member of the community independent of the Association.
Presentation	The scholarship will be presented to the winning applicants after the selection has been made. The cheque will be made out to the attending post-secondary institution.
Information	<p>The Spina Bifida and Hydrocephalus Association of Northern Alberta Scholarship Committee #400, 11010 – 101 Street Edmonton, Alberta T5H 4B9</p> <p>Phone: (780) 451-6921; E-mail: info@sbhana.org</p>
Deadline	Applications must be sent to the above address before August 31 of the year of application.



EDUCATIONAL SCHOLARSHIP FUND APPLICATION

Name: _____ Date of Birth: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Phone: () _____

Name and address of school or college you will attend:

What will be your field of study? _____

Will you reside at home? _____

What will be the estimated total cost of your education for the next year? Include fees, books, and basic living expenses. _____

How do you expect to finance your college or vocational school education?

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

List any full or part-time jobs presently or previously held:

	Employer	Position/Job Title	Immediate Supervisor	Dates Employed From: To
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____



3. Describe any accomplishments or contributions you have made of which you are proud. These can be school, extracurricular, church, or association activities.

YOUR APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING:

1. Copy of the school transcript or equivalent.
2. Letter verifying registration in a program at a recognized post-secondary institution.
3. Reference letter from a school or faculty member; or employer or supervisor.
4. Confirmation of disability from a medical professional (including their name, address, and phone number). For example: photocopy of previous medical record indicating spina bifida or hydrocephalus
5. Personal statement (1-2 pages in length) explaining your educational goals and what you want to accomplish with the education and training you will receive.

ALL SUBMISSIONS WILL BE STRICTLY CONFIDENTIAL

The application will be considered only if it is completed in full and submitted with all the documents listed above.

Applications must be received by August 31 and submitted to:

Spina Bifida and Hydrocephalus Association of Northern Alberta
Attn: Scholarship Committee
#400, 11010 – 101 Street
Edmonton, Alberta T5H 4B9
Telephone (780) 451-6921