



Spina Bifida and Hydrocephalus Association of Northern Alberta

P.O. Box 35025 – 10818 Jasper Avenue, Edmonton, Alberta T5J 0B7
Phone: (780) 451-6921 Email: info@sbhana.org Fax: 1-888-881-7172

Spina Bifida & Hydrocephalus Association of Northern Alberta Member Education Fund

The purpose of this fund is to provide members of the SBHANA the opportunity to further their education and understanding of spina bifida and hydrocephalus through the attendance of national and international conferences.

To apply for funding:

- 1) Applicant must be a member in good standing of the SBHANA for a minimum of one year.
- 2) A maximum of two individuals per family will be funded to attend a conference. Family members are encouraged to share a room.
- 3) Applicants may receive a maximum of \$3,000 over a period of five years.
- 4) Applications must be submitted to the SBHANA one month prior to the Conference Early Bird Deadline.
- 5) Each application will be considered on an individual basis.

Once approved the following conditions apply:

- 1) Applicants must commit to work one casino position for the SBHANA at the next upcoming casino or provide a replacement volunteer.
- 2) Applicants must provide a written report of the conference with details on the learning sessions attended. The report will be informally presented within two months of return from the conference at the monthly board of directors meeting.
- 3) All receipts for expenses must be submitted for reimbursement within one month of returning from the conference.
- 4) The SBHANA will not reimburse expenses for phone calls, alcoholic beverages, entertainment, sightseeing, and miscellaneous incidentals. All expenses must be pre-approved prior to travel.
- 5) Members are requested to select the most economical transportation. There is a \$0.30/kilometer gas allowance. Carpooling is encouraged where possible.
- 6) A maximum of two individuals will be funded per year up to a maximum budgeted amount of \$5,000.00 per year.



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Member Education Fund Application

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone:(home) _____ (Work) _____ (cell) _____

Name of conference: _____

Location of conference: _____

Dates of conference: _____

Please provide quotes and on the following items. Make sure to include all taxes & fees as these are the exact amounts you will be reimbursed for travel. Please quote in the currency being charged (CAD or USD).

Type of Expense	Amount
Total cost of registration including taxes	\$
Total cost of flights or ground transportation including taxes/fees	\$
Total cost of accommodations including taxes	\$
Estimated cost of ground transportation to/from your hotel	\$
Total amount requested for funding:	\$

Signature: _____ Date _____

Note: A food bursary can also be applied for when there is a demonstrated financial need.

Last revised April 2011