



## Spina Bifida and Hydrocephalus Association of Northern Alberta

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P.O. Box 35025 – 10818 Jasper Avenue Edmonton Alberta T5J 0B7

Phone: (780) 451-6921

Email: [info@sbhana.org](mailto:info@sbhana.org)

### SBHANA SCHOLARSHIP

In memory of  
Dr. Peter Bowen

<b>Field of study</b>	Undergraduate program in any field of study in a post-secondary facility.
<b>Value</b>	One or two \$ 1000.00 scholarships awarded annually.
<b>Qualifications</b>	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 accepted in a post secondary institution. Applicants must also be, or become a current member of the SBHANA. Membership forms are available at <a href="http://www.sbhana.org">www.sbhana.org</a> .
<b>Application</b>	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), 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.
<b>Selection</b>	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.
<b>Presentation</b>	The scholarship will be presented to the winning applicant at the Spina Bifida and Hydrocephalus Association of Northern Alberta annual general meeting.
<b>Information</b>	The Spina Bifida and Hydrocephalus Association of Northern Alberta Scholarship Committee P.O. Box 35025 – 10818 Jasper Avenue Edmonton, Alberta T5J 0B7  (780) 451-6921 e-mail <a href="mailto:info@sbhana.org">info@sbhana.org</a>
<b>Deadline</b>	Applications must be sent to the above address before August 31 of the year of application.



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**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.

\_\_\_\_\_



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

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**YOUR APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING:**

1. Copy of the school transcript or equivalent.
2. Letter verifying admission to school/college.
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.
6. A membership form (if the applicant is not a current member of the SBHANA) available on our website [www.sbhana.org](http://www.sbhana.org).

**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  
Scholarship Committee  
Box 35025 – 10818 Jasper Ave  
Edmonton, Alberta T5J 0B7  
Telephone (780) 451-6921