# N:\My Pictures\Frank Bucino Jr..jpegFrank Bucino Jr. Memorial Scholarship

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## Identifying Information:

Applicant’s Name

Qualifying Individual: Date of Birth

Address

Phone Email

I have (my minor child has): (Please check one)

⬜ Spina Bifida ⬜ Spinal Cord Disability resulting in similar challenges/needs

Please provide the names of immediate family who will be attending the conference with the applicant above and seek assistance from the scholarship (if applicable):

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**Applying for Educational Scholarship:**

Name & Address of School or Program you plan to attend:

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Name of Program Applied for:

Will you be attending school full time ⬜ or part-time ⬜? (check one)

## Degree/Certificate you are pursuing:

Bachelor’s Associate’s

Technical Driver Education

Starting Date Date tuition payment is due

## Educational & Employment Information:

List any secondary and post-secondary and/or vocational school attended – most recent school first:

Name of School Location Dates Attended

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List areas of academic interest, extracurricular activities community service, and awards/honors received:

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List jobs (full time, part-time, volunteer) – most recent job first:

Name of Employer Position Dates Employed From To

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**Applying for Conference Scholarship:**

Conference date & location:

Conference attendance will require (check all that apply):

⬜ Travel by

⬜ Lodging for \_\_\_\_ nights ⬜ Registration Fees $

Programs that you have participated in related to Spina Bifida and/or your disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have these programs been helpful? Why or why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Requirements for All Applicants for Conference & Educational Scholarship Funds:**

**Short Essay:** Applicant should attach a short essay of three to five paragraphs, written in his/her own words, describing the reasons why he/she:

Conference Scholarship: Wants to attend a Spina Bifida conference or education day, goals for attending, and how the conference will help to empower him/her and improve his/her quality of life. Conference to be attended must be specified.

OR

Educational Scholarship: Chose the particular course of study and what the applicant hopes to achieve. Both short term and long-term goals should be included.

**Letters of Recommendation:** Two letters of recommendation are required and may be attached to the application or sent directly from the reference. Letters need to be dated within one month of application. If reapplying, the letters of recommendation must be new and from current contacts.

Conference Scholarship: One from a health care provider, service provider, counselor, supervisor, co-worker, or teacher; and one from a non-relative.

Educational Scholarship Application: One from a teacher, school staff member, employer, or counselor; and one from a non-relative.

**Confirmation of Spina Bifida:** A letter from your doctor on letterhead confirming a diagnosis of Spina Bifida is required.

All materials related to the application should be sent to and will remain the property of: Spina Bifida Association of Northeastern New York

123 Saratoga Road

Scotia, NY 12302

I hereby affirm that this application contains no willful misrepresentations or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved, and my award may be rescinded.

Date

Applicant Signature (Parent/Guardian signature required if qualifying individual is a minor child.)

Applicants with questions may call (518) 399-9151 or email [admin@sbaneny.org](mailto:admin@sbaneny.org)