

National Spina Bifida Association
Clinical Care Meeting
June 3-5, 2022
Boston, Massachusetts
Scholarship Form

Thank you for your interest in Spina Bifida Association's Clinical Care Meeting. Thanks to the support of our funders, there are scholarships available to offset costs of registration, travel, and lodging for individuals and families to attend. Those eligible for a scholarship:

1. Are living with Spina Bifida (self or immediate family: parent/guardian, sibling, spouse/partner, child)
AND
2. Could benefit from financial assistance to attend the Clinical Care Meeting.

Applications must be received by the due date of May 15th, 2022, to ensure the eligibility criteria have been met and that the application is complete. Applications will be evaluated, on a first come first served basis. The amount of the award will be determined at the discretion of the SBANENY Scholarship Committee. Incomplete applications will be returned for missing information if necessary and time permits.

All information contained in this application will be held in strictest confidence.

All scholarship applications must be received in advance of the Clinical Care Meeting

Applicants will be notified of scholarship awards prior to attendance.

Awardees will be reimbursed upon proof of registration, lodging and travel.

Identifying Information

Applicant's Name(s) _____

Name of Individual with SB _____

Applicant's relationship with this individual _____

Applicant's Street Address _____

City _____ State _____ Zip Code _____

Daytime phone number _____ Email address _____

Financial Assistance Requested:

___ Registration fee _____ Registration amount

___ Transportation expenses _____ Transportation amount

___ Lodging expenses _____ Lodging amount

___ I/We could benefit from financial assistance to attend the Clinical Care Meeting.

PLEASE COMPLETE REVERSE SIDE OF FORM

Please explain in a few sentences why you want to attend the Clinical Care Meeting, what you hope to gain, and how you will use the information that you learn.

Scholarships are available on a first come/first served basis. Please mail or email this completed form, along with your registration form, to:

- **USPS mail:**

Spina Bifida Association of Northeastern New York
123 Saratoga Road
Scotia, NY 12302

- **Email:** admin@sbaneny.org

Questions? Visit our website for more information at sbaneny.org or contact our office.

Phone: 518-399-9151

Email: admin@sbaneny.org

Fax: 518-399-5639