



SBHASA FUNDING PROGRAM APPLICATION FORM

Jan. 01 - Dec. 31 yearly

This is an application for the Spina Bifida and Hydrocephalus Association of Southern Alberta (SBHASA) funding programs. Please provide all of the information requested and attach an original receipt. Falsification of any information will result in automatic rejection of the application.

Services and materials must be purchased for the individual with Spina Bifida and/or associated hydrocephalus.

Applicant's Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Telephone: _____ Email: _____

Child / Adult with Request: _____

Date of Birth: _____

Volunteer Time (list events, committees and hours): _____

Any additional information pertaining to this request should be noted on the back of this form

Maximum Funds Available \$2,500.00

Total cost: _____ Amount applied for: _____

**All requests and original receipt must be received by Jan. 31 after year end,
in order to be considered.**

I hereby certify that the above information given is true, correct and complete to the best of my knowledge.

Signature: _____ Date: _____

Send completed forms to: Spina Bifida & Hydrocephalus Association of Southern Alberta
P.O. Box 6837 Station "D"
Calgary, Alberta T2P 2E9