

**SPINA BIFIDA & HYDROCEPHALUS ASSOCIATION OF BRITISH COLUMBIA**  
**Suite 228, Unit 102-15910 Fraser Highway, Surrey BC V4N 0X9**  
**Tel. (604) 878-7000 Fax (604) 677-6608**

**DIANNE ZIMICH FUND -FINANCIAL ASSISTANCE APPLICATION**

Dianne Zimich committed her life to the betterment of people with physical challenges. In recognition of her efforts, the Spina Bifida and Hydrocephalus Association of British Columbia (SBHABC) has committed to establishing a fund that would support the efforts of individuals with spina bifida and/or hydrocephalus in achieving their goals in the areas of sports, arts or recreation.

The purpose of this fund is to encourage participation in community activities and to promote fitness. A grant of \$200 per calendar year is available to active members of SBHABC to assist with the costs (including transportation) for an approved sporting, recreational, arts or employment activity.

**A financial assistance application must be submitted to SBHABC for approval. Approved Funds will only be paid to the activity provider or family upon receipt of an invoice.**

DATE: \_\_\_\_\_ MEMBERSHIP EXPIRY DATE: \_\_\_\_\_

NAME OF PERSON MAKING REQUEST: \_\_\_\_\_

NAME OF PERSON FOR WHOM THE REQUEST IS BEING MADE (if different from above):  
 \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

PHONE - HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ Cell: \_\_\_\_\_

**Recreational Program Information**

Type of program	Provider	Quotes (Attached)	Additional costs (eg. taxes, )
<b>Totals</b>			

Please state how this activity will enhance the life of the recipient.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Supporting Professional (Therapist, Physician, Teacher, Social Worker, etc.)

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

AGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

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**Have you attached:**

\_\_\_ one or more quotes from established/reputable provider

Since the monies for the Recreation Fund are derived in the most part from the volunteer fundraising efforts of the members of the association, it is strongly encouraged that the recipient (and/or their family) of the monies make a commitment of volunteer time to support the SBHABC where possible.

**NOTE:** All submissions are subject to review and funds will be awarded according to monies available within the association's allotted budget. **Members must apply before committing to any activity.** Please keep a copy of all information for your own files.

SBHABC does not endorse any activities, and shall not be held liable for any personal injury or property damage caused by the participation of funded activities.

Donations to the Dianne Zimich Memorial Fund can be made payable to SBHABC and identified as "Donation to the Dianne Zimich Fund".

Tax receipts will be issued for charitable donations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_