



# THE SPINA BIFIDA AND HYDROCEPHALUS ASSOCIATION OF BRITISH COLUMBIA

Suite 228, 102 - 15910 Fraser Highway, Surrey BC V4N 0X9

Ph: (604) 878 -7000 Fax: (604) 677-6608

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## The Dr. William J.D. Arnold Bursary Fund Application Form

This is an application for a bursary administered by the Spina Bifida & Hydrocephalus Association of British Columbia. To ensure that you will be considered for this bursary, answer all of the questions carefully. All information supplied on this form will be considered confidential by the committee. Falsification of any information will result in automatic rejection of the application.

Please print or type this application and confine responses to the space available.

Please submit your application by email, fax or mail. Note that this is the only acceptable form for the Spina Bifida & Hydrocephalus Association of British Columbia Bursary program.

Name: \_\_\_\_\_  
(surname) (first) (middle)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Insurance: \_\_\_\_\_  
(optional)

Please return the completed application form to:

The Spina Bifida & Hydrocephalus Association of British Columbia  
102 - 15910 Fraser Highway, Suite 228  
Surrey BC V4N 0X9

Established, supported and directed by  
The Spina Bifida & Hydrocephalus Association of B.C.

Name the university or other education facility you plan to attend this fall. Please enclose evidence of acceptance or forward that evidence when you receive it.

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Proposed course of study: \_\_\_\_\_

State your future educational and career objectives: \_\_\_\_\_

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List in chronological order the schools that you have attended and grades that you have completed. Please enclose an official copy of the transcript from your most recent year of study.

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Name other scholarships or bursaries for which you have applied this year.

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Name any scholarships, bursaries, awards or certificates of recognition that you have previously received. Please provide dates.

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Estimate the total cost of your education for the next year. Provide a breakdown of expenses, eg. tuition, books, travel, residence, assistive devices, etc.

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State how you expect to finance your education.

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List your employment history including full-time, part-time, and summer jobs, co-op placements and volunteer work (most recent experience first).

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List your hobbies and special interests.

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This application form plus the following documents must be received:

- a) Secondary School certificate (preferred but not essential)
- b) Academic transcript for last school attended.\*
- c) The medical assessment form completed and signed by a physician.\*
- d) One letter of reference from an adult other than a family member, such as a minister, youth group leader, coach or volunteer supervisor.\*
- e) One letter of reference from a teacher, principal, guidance counsellor or employer.\*
- f) A letter stating why you think you are deserving of this award. This is your opportunity to tell us about yourself.

\*These materials may be sent separately.

**I UNDERSTAND THAT MY SIGNATURE BELOW MEANS THAT:**

- 1) I HAVE ANSWERED ALL THE QUESTIONS ON THE APPLICATION THAT PERTAIN TO ME.**
- 2) I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS ACCURATE AND COMPLETE.**
- 3) I WILL NOTIFY SBHABC IMMEDIATELY AND IN WRITING OF ANY CHANGES IN MY ADDRESS OR ACADEMIC STATUS.**

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

I \_\_\_\_\_ CONSENT TO MY FIRST NAME, INITIAL OF LAST NAME AND SCHOOL OF STUDY BEING USED IN THE PROMOTION OF THE DR. WILLIAM J.D. ARNOLD BURSARY.