SPINA BIFIDA
COALITION OF CINCINNATI

Post-Secondary Education Scholarship Application

*Post-secondary Scholarships are offered and are awarded at the discretion of the scholarship committee. Application forms must be in the SBCC office by **July 1**. Awards will not be less than $500 and the amount will not be greater than $2000. Awards will be announced after the July Board Meeting and funds will be disbursed in early September. You will be notified of your acceptance. Awards are limited to a $2000 lifetime maximum.*

Date:_____

Name of Individual with Spina Bifida:_____

Birth Date:_____

Name of Parents or Guardian (if a minor):_____

Address:_____

Phone:_____Cell:_____

E-mail Address:_____

Name of School and Program / Major:_____

Address of School:_____

Name and Phone Number of School Administrator: _____

Cost per year:_____ Amount requested:_____

Date attending:_____

Check payable to:_____

Include on separate paper an essay detailing why you have chosen this school and field of study. If chosen to receive the scholarship, this essay could be used in SBCC literature. Include a copy of the acceptance letter from the school identified here.

BY SIGNING BELOW I CERTIFY THAT ALL THE INFORMATION PROVIDED IS TRUE AND CORRECT. I CERTIFY THAT THE ITEMS LISTED ARE FOR THE BENEFIT OF THE APPLICANT. IF ANY INFORMATION IS INTENTIONALLY FALSE, I AGREE TO REIMBURSE SBCC ALL COSTS, LEGAL AND OTHERWISE, TO RECOVER THE DISBURSED FUNDS.

Signature _____

Please provide a copy of the invoice for the expenses being reimbursed above.

Please send the application to:

Spina Bifida Coalition of Cincinnati
644 Linn Street, Suite 635
Cincinnati, OH 45203

For more information, call 513-923-1378 or e-mail sbccincy@sbccincy.org.