

Application: College Scholarship Program

The Spina Bifida Association of Iowa believes in supporting access to quality education to assist individuals with Spina Bifida in achieving greater independence and quality of life.

Scholarships for post-secondary education are available to individuals with Spina Bifida to assist them in their pursuit of a post-high school degree. Funds may be used for tuition, books, room, board, and specialized equipment which is required to complete their course of study.

The following guidelines will be used:

1. Scholarships granted will be based on financial need, academic record, community service, work history and personal statement.
2. Student can apply for up to \$500 per semester (no more than two semesters per academic year).
3. Requests must be made one month prior to the beginning of the semester to ensure funding is available. Funding cannot be guaranteed for requests made after this time but will be accepted within the first 30 days of the semester.
4. Funds will be sent directly to the academic institution in the student's name.
5. Student will be notified when scholarship is approved and submitted.
6. The following information must be provided for each scholarship program request:
 1. Name and address of the academic institution specifying where to send scholarship funds
 2. Student ID of the applicant
 3. Copy of invoice or bill from the institution
 4. One-page personal statement which includes note of financial need; resume; and photograph with permission to be used for promotional purposes. This information needs to be provided to SBAIA with first request and updated as needed.

Application & Decision Process:

1. Fill out application completely.
2. Include necessary documentation. See above.
3. Mail application and attached information to:
Spina Bifida Association of Iowa | 8525 Douglas Ave Suite 39 | Urbandale, IA 50322 or emailed to admin@sbaia.org
4. SBAIA staff or committee member may contact you if additional information is needed.
5. Application is presented to the committee.
6. Committee reviews.
7. Designated staff or committee member contacts family or individual.

APPLICATION

APPLICANT INFORMATION

Name:

DOB:

Home Address:

City:

State:

Zip:

Primary E-mail Address:

Secondary Email Address:

Cell Phone:

Parents or guardian:

Name:

Address (if different than above):

Email:

Phone:

SCHOOL INFORMATION:

School:

Office that will receive scholarship:

Address:

City:

State:

Zip:

E-mail Address or web site:

Phone:

Additional Information:

STUDENT INFORMATION:

Student ID:

Year of study:

Major:

Minor:

What other sources of funding have you received for your education?

PERSONAL STATEMENT

- Please include a minimum one-page typed personal statement.
- Include information about yourself, your post-high school plans, area of study and why you chose a post-high school education, etc.
- Please include how this scholarship will assist you financially and in living successfully with Spina Bifida.

ATTACHMENTS

Please attach:

1. Copy of invoice or bill from the institution
2. High quality and resolution photograph that we can use for publicity purposes
3. Optional - any other documentation that will help us know more about you and your hopes and dreams.

SIGNATURE

By typing your name here, you agree that this electronic signature is equivalent of your manual signature:

Signature of individual

Date