



HIGHER EDUCATION SCHOLARSHIP GUIDELINES

The Spina Bifida Association of Alabama (SBA of AL) established its Higher Education Scholarship Program to create and enhance the opportunities for persons with Spina Bifida to achieve their full potential through higher education. The goal of the program is to enable and encourage persons with Spina Bifida to further their education beyond high school and to obtain undergraduate and graduate degrees that they would not otherwise be able to afford to pursue.

The SBA of AL applauds your desire and determination to further your educational career at the college or post-secondary level. The Scholarship Fund does not have unlimited funds, so it may be impossible to satisfy all requests for assistance. The Scholarship Committee thoroughly reviews each complete application in accordance with the guidelines set forth below.

Applicants must submit their completed applications to SBA of AL no later than June 1 preceding the beginning of the academic year. Applications will be considered only if completed in full, submitted with all the required information, properly addressed and postmarked by the deadline. The Scholarship Committee will endeavor to provide notice of scholarship decisions no later than July 15 preceding the beginning of the academic year.



Requirements and procedures:

Applicants must comply with the following requirements and procedures in order to be eligible to receive and maintain a scholarship from the SBA of AL. Failure to comply with any of these requirements and procedures is grounds for rescission of the scholarship. Any required documentation must be complete, accurate, and submitted with the application. The applicant's signature on the application certifies that the applicant fully complies and intends to fully comply with all requirements and procedures.

1. The applicant must submit a complete application and comply with all these guidelines and all requirements stated in the application. In addition to any other requirements, the applicant must submit with the application: (a) a statement of disability signed by a physician verifying that the applicant has Spina Bifida, with the physician's name, address, and phone number; (b) a record or transcript of the applicant's academic performance and grades in high school or other preceding educational level; (c) an essay or statement with a subject matter related to Spina Bifida of a maximum length determined by the Scholarship Committee, stating the applicant's educational and career goals, any aspects of the applicant's background and character relevant to the applicant's likelihood of academic success, and any other matter that the applicant wishes the Scholarship Committee to consider in the selection process; (d) a signed consent stating the essay written can be published as an article in the SBA of AL quarterly newsletter. All information in the application or submitted with the application must be accurate and complete, to the best of the applicant's knowledge.
2. Unless waived by the Scholarship Committee, the applicant must interview with the Scholarship Committee or designated member.



3. An applicant must disclose if he/she is related by blood or marriage to any board member or officer of the SBA of AL. Such a relationship does not necessarily disqualify the applicant, but must be disclosed.
4. Scholarships are awarded only on a per academic year basis (or per semester basis, as applicable). The awarding of a scholarship creates no assurance or expectation that scholarships will be awarded in the future. The amount of scholarship awards will vary at the discretion of the SBA of AL in accordance with available funds, number of qualified applicants, and other factors. There is no guarantee or expectation created as to the amount of scholarship awards.
5. The maximum total length of scholarships awarded to an individual is 4 academic years (or 8 semesters, as applicable) for an undergraduate student, 2 academic years (or 4 semesters, as applicable) for a graduate student, and 3 academic years (or 6 semesters, as applicable) for a student attending post-graduate school, law school or medical school.
6. A scholarship recipient must attend classes regularly and without excessive unexcused absences. A recipient must not drop classes repeatedly or excessively.
7. A recipient must comply with his/her degree plan, and consult appropriately with his/her advisor in order to work towards a degree.
8. A recipient must submit his/her grade report to the committee for review upon the completion of each semester of the current award year before payment for the next semester will be made.
9. A scholarship recipient must maintain a grade point average for each semester of at least 2.25. If the recipient's GPA falls below 2.25 for a semester, the recipient will be placed on probation and will be expected to seek tutoring or other supplemental instruction in order to bring the GPA up to or above 2.25. If the recipient has a GPA below 2.25 for 2 semesters in a row, or for 3 semesters



overall, the scholarship will be rescinded (absent circumstances of extreme hardship beyond the recipient's control, within the discretion of the Scholarship Committee).

10. If a recipient drops out, or is suspended, disqualified or expelled from the school for academic or disciplinary reasons, the scholarship is automatically rescinded.

11. A recipient must submit copies of his/her grade report or transcript to the SBA of AL within 10 days of receiving the report or transcript. The Scholarship Committee will review the information to ensure compliance with these guidelines.

12. Scholarship funds will be sent directly to the institution of higher education on a per semester basis, or other basis as determined by the Scholarship Committee.

13. If at any time the recipient does not comply with these guidelines, or there is cause to rescind the scholarship, the recipient has an affirmative duty to promptly notify the SBA of AL of the circumstances.

14. The Scholarship Committee may at any time ask the applicant or recipient for information concerning the application or the recipient's academic performance or compliance with the guidelines. The applicant or recipient will comply promptly, thoroughly, and accurately to any such request.

15. If the scholarship is rescinded, all unexpended funds will be returned to the SBA of AL. A recipient whose scholarship has been rescinded will cooperate with the recovery of funds and will sign any necessary paperwork.

16. You must be willing at the end of each year to write a newsletter article discussing a topic of your choice relating to higher education importance and Spina Bifida.

17. The applicant must reside in the State of Alabama and have been a resident for at least two consecutive years.



SBA of AL Advanced Educational Scholarship

2010 Medical Assessment Form

Name of Applicant: _____ Date: _____

SECTION ONE:

TYPE AND EXTENT OF APPLICANT'S DISABILITY

PRIMARY DIAGNOSIS: _____

ADDITIONAL/OTHER CONDITION: _____

EXTENT: _____

SECTION TWO:

EVALUATION OF APPLICANT'S FUNCTIONAL DISABILITY IN RELATION TO HIS/HER ABILITY TO UNDERTAKE THE PROPOSED PROGRAM OF STUDY

EVALUTION: _____

NAME OF DOCTOR: _____

ADDRESS OF DOCTOR: _____

DOCTOR'S SIGNATURE: _____

This form should be enclosed with the completed scholarship application or may be sent under separate cover to:

SBA of AL
Attn: Scholarship Committee
PO Box 13254
Birmingham, Al 35202



**SPINA BIFIDA ASSOCIATION
OF ALABAMA**

Please note: This application is for the **SBA of AL** and specific criteria must be met to qualify for this scholarship. Please thoroughly review these criteria before applying. Application must be typewritten or printed in ink.

Name: _____ Date of Birth: _____ Age: _____ SSN: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Father's Name: _____ Occupation: _____ Employer: _____

Mother's Name: _____ Occupation: _____ Employer: _____

Name and Address of School/College you will attend:

Have you ever applied for a SBA of AL scholarship? ___ YES ___ NO
If yes, which one(s)? _____

Did you receive the scholarship? ___ YES ___ NO

- Please Check: Jr. College
 4-yr. College
 Trade Vocational
 Graduate Program

Have you applied? ___ Have you been accepted? ___

What will the total cost of your education be for next year? _____
(Include tuition and room and board)

How do you expect to finance your college/vocational education? _____

What other scholarships or grants have you received or applied for this year? _____
Total amount awarded from other scholarships/grants? _____

List the extra curricular activities you have participated in while in High School or College. Include organizations and activities outside of High School or College, offices held and honors received. (Please attach additional sheets if necessary):

Are you currently a member of The SBA of AL? ___ National SBA Member? _____
(Note: Not a requirement of scholarship.)

What are your career/occupational goals? _____
(Please attach additional sheets if necessary.)



OFFICE USE ONLY: Test Scores _____ School Acceptance Letter(s) _____
Statement of Disability _____ Recommendation Letters _____
Personal Statement _____ Financial Aid _____

Work Experience:

What part-time or full-time jobs have you had during the last two years?

Employer Immediate Supervisor Position Held Dates

- 1. _____
- 2. _____
- 3. _____

Your Application Must Be Accompanied by the Following:

- A statement of disability signed by a physician, verifying the applicant has Spina Bifida.
- A record or transcript of the applicant’s academic performance and grades in high school or other preceding educational level.
- An essay or statement with the subject matter related to Spina Bifida, stating the applicant’s educational and career goals, any aspects of the applicant’s background and character relevant to the applicant’s likelihood of academic success, and any other matter that the applicant wishes the Scholarship Committee to consider in the selection process.
- A signed consent stating the essay written can be published as an article in the SBA of AL quarterly newsletter.

Applications will be considered only if completed in full and submitted with all the required information. All information will be held in the strictest confidence.

Applications must be postmarked by June 1, 2010 and submitted to:

SBA of AL
Attn: Scholarship Committee
PO Box 13254
Birmingham, Al 35202