



**SPINA BIFIDA ASSOCIATION
OF ILLINOIS**

EDUCATIONAL SCHOLARSHIP APPLICATION

To The Applicant: The Spina Bifida Association of Illinois awards scholarships to persons with Spina Bifida. They must reside in Illinois and plan to attend or currently attend a two or four-year college/university, technical or trade school, or business college. All information submitted is confidential and will be used only by the selection committee. A brief biography of winners may be published in the quarterly newsletter.

Application must be typewritten or printed legibly in black ink.

Name _____ Date of Birth _____ Age _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ Email _____

Name of high school currently attending or attended:

Address of high school currently attending or attended:

Year of graduation: _____ High School GPA _____

Current College or University (If applicable): _____ City _____
Current Year _____ Current Cumulative GPA _____ Expected Graduation (Mo/Yr) _____

Name of school/university you will attend:

Address of school/university you will attend:

Have you applied? _____ Have you been accepted? _____ ACT/SAT scores _____
GRE/GMAT scores if applicable _____ Number of planned credit hours/semester _____

List any offices held or honors received within the last 12 months:

Office/ Honor: Date(s):

1. _____
2. _____
3. _____

List organizations or activities you have participated in the past 12 months:

Activity/ Organization Date(s):

1. _____
2. _____
3. _____

What will be the total cost of your education for the next school year? _____

How do you expect to finance your education? _____

What other scholarships or grants have you received or applied for this year?

Explain why a scholarship is needed for you to be able to attend the school of your choice.

What are your career/occupational goals?

What part-time or full-time jobs or internships (paid or volunteer) have you had during the past 12 months?

Organization	Immediate Supervisor	Position Held	Dates
1.			
2.			
3.			

How have you assisted SBAIL in meeting its mission to promote prevention & enhance the lives of all affected over the last 12 months?

Please attach a current copy of your high school or college transcript.

On a separate sheet of paper, write a personal statement describing the accomplishments or contributions you have made of which you are the most proud. These can be school, extracurricular, church, community, or SBAIL activities. On a second sheet type your reasons for selecting your vocational goals. Each statement should be 250-500 words and should be typed or printed in black ink.

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

SBAIL is proud to award the **Valiant Scholarship**. This \$2,500 scholarship is given to the applicant who displays outstanding leadership, good will toward those less fortunate and a dedication to making a difference.

If you wish to apply for the Valiant Scholarship, check here ____. In addition to the above application and information, a minimum "C" average is required, you must include three letters of recommendation and respond to the following in your narrative: 1. How you can impact the future of younger children with Spina Bifida? 2. How you have displayed leadership, impacted the less fortunate, and made a difference?

Applications must be postmarked by Friday, April 17, 2013, and sent to:

Spina Bifida Association of Illinois

8765 W. Higgins Rd. Suite 403

Chicago, IL 60631

Phone: 773-444-0305

Fax: 773-444-0327

Email: sbail@sbail.org

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- Please note that if applicant has previously applied, the course load on the application must have been completed as intended, or a proportional segment of the award must be returned before applicant is eligible. Also, if an award is granted and not used at the designated institution (or an equivalent institution) during the scholarship year, the unused portion of award must be returned to SBAIL office in full.
 - All students awarded scholarships are expected to volunteer with the Spina Bifida Association of Illinois at least once during the following year.
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