



## Activity Scholarship Application

*This form must be submitted prior to the start of camp or activity. You will be notified of your acceptance. Camp scholarships are limited and are offered on a first come, first served basis, annually.*

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 Camp and Program: \_\_\_\_\_

Address of Camp or Program: \_\_\_\_\_

Contact Name and Phone Number: \_\_\_\_\_

Cost: \_\_\_\_\_ Date of Camp or Program: \_\_\_\_\_

**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 SBSTL ALL COSTS LEGAL AND OTHERWISE, TO RECOVER THE DISBURSED FUNDS.**

Signature \_\_\_\_\_

To encourage families to enroll children and adults with Spina Bifida in community-based recreational activities, Spina Bifida of Saint Louis offers individuals living in our service area up to a \$500 Activity Scholarship each calendar year.

Some examples of camps or programs which are eligible for reimbursement:

- \*Specialized camps for those with Disabilities
- \*Adapted sports Programs or Lessons
- \*Recreational Programs
- \* Hippotherapy (horseback riding)

Please send the application prior to the start of camp for consideration to:

**Spina Bifida of Greater St. Louis (SBSTL)**  
9201 Watson Road, Suite 125  
Crestwood, MO 63126

For more Information, call 800-784-0983