



Direct Aid Reimbursement Application

PART A - Personal Information

Name of Person with SB: _____ DOB: _____

Parent/Guardian (if applicable): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____

Email: _____

Questions? Contact the SBAWS via email at info@sbaws.org

- *All information provided is true and accurate. I realize I will be added to our mailing list to receive SBAWS' newsletter The Evergreen.*
- *A Qualified Applicant is a person with Spina Bifida (or that person's parent/guardian) who resides within the state of Washington.*
- *I have/My child has Spina Bifida and physician's documentation is provided with this application for assistance.*
- *This request is due to financial need. The funds will be used for the intended purposes. I recognize that checks will be made out to the supplier unless paid receipts are included with this application.*
- *I realize that SBAWS has limited funds and is normally only able to assist up to an annual maximum of \$300 and will be awarded at the discretion of the SBAWS Board of Directors.*
- *You will be contacted about your request from SBAWS to confirm receipt and to assess situation. A final determination will be made at the next scheduled Board meeting (held every other month), and you will be notified of the Board's decision for awarding funding within seven (7) days following that meeting.*

X _____ **Date:** _____

Applicant Signature

PART B - Reasons for request for SBAWS Direct Aid

Application: _____

Intended purpose for the request such as; partial educational and camp scholarship, technology assistance or medical expenses (not covered by existing medical insurance) related directly to the care of the person affected by Spina Bifida:

_____ **Initial/Date**

Attached original & legible invoices for Services or Goods:

_____ **Initial/Date**

Total Amount of Services/Goods per Invoices:

_____ **Initial/Date**

PART C - Please tell us about your current level of SBAWS participation and/or your interest in future SBAWS participation:

Your support of time and energy is what sustains SBAWS as an organization, therefore is critical to our ability to successfully fulfill our mission. There are many ways you can help us continue: Join event committees, volunteer at events, write articles for newsletter or website, execute a cluster events, actively recruit new members, etc.

Area(s) of current/past participation: _____

Area(s) of interest for future participation: _____

Please e-mail or mail your completed applications to SBAWS at:

Mail: SBAWS

Email: info@sbaws.org

611 Second St., Suite A

Snohomish, WA 98290