

Helen R. Mertens Educational Scholarship Fund

Sponsored By:
Spina Bifida Association of New York State
133 Saratoga Rd, Pro Bldg, Office 4
Scotia, NY 12302 (518) 399-9151
admin@sbanys.org

The Spina Bifida Association of New York State (SBANYS) has established the Helen R. Mertens Educational Scholarship Fund to award financial assistance to persons who have Spina Bifida and are pursuing higher education, technical training, certificate program, or driver's education. It is intended to be used toward the cost of tuition, fees, and books. The exact amount to be disbursed will be at the discretion of the Scholarship Committee. The number of scholarship applicants will be a factor in this decision.

Eligibility Requirements:

1. Applicants must have Spina Bifida AND must reside in the geographic area serviced by SBANYS.
2. There is no age limit.
3. Applicants must demonstrate acceptance by a school of higher education, technical training, certificate program, or driver education training.
4. No financial statement shall be required.

Selection Process:

1. Applicants must apply for this award.
2. Applications will be accepted at any time during the year. There is an expectation for award recipients to be decided upon within six weeks thereafter.
3. An application will consist of:
 - a. A completed application form.
 - b. A short essay (from three to five paragraphs) in the applicant's own words the reasons for choosing the particular training or course of study and what the individual hopes to achieve. Both short term and long-term goals should be included. If reapplying, the essay should be updated to be current.
 - c. Two letters of recommendation: one from a teacher, school staff member, employer, or counselor; and one from a non-relative. All letters must be current (within one month of the application date). If reapplying from a previous year, the letters must be new and from current teachers, professors, etc.
 - d. If you have not signed up for SBANYS programs and services prior to applying, provide a doctor's note, on letterhead, confirming a diagnosis of Spina Bifida.
 - e. A copy of your most recent transcripts if pursuing higher education.
4. A virtual interview with the Scholarship Committee.
5. Selection of the recipient(s) shall be made by a majority vote of the Scholarship Committee. Recipient(s) will be notified within 3 months from when they apply.
6. Additional information may be requested depending upon the nature of the applications received.

Selection Criteria:

1. Good citizenship, including extracurricular activities, community service, and attendance at school or work.
2. Scholastic achievement that indicates the potential for success in the program that the applicant is pursuing.
3. To apply for funding toward a subsequent year, course grades must be submitted to the Scholarship Committee. The student must maintain passing grades to receive the scholarship for the next year. The student must submit a recommendation from a staff member of the school that they are currently attending.
4. Ability of the association to award scholarships for subsequent years to the same applicant will be dependent upon the number of applications received each year and will be at the discretion of the committee. All applicants must reapply.

Award

1. Actual payment shall be made by check payable to the recipient(s) upon receipt of proof of registration at a college, trade school, or other specialized training.

Scholarship Committee

The committee shall comprise:

1. The SBANYS Board Chair or a designee.
2. Two additional members of the association.
3. One member shall be designated as chairperson.

Relatives of an applicant shall recuse themselves from that particular discussion and vote.



APPLICATION

Identifying Information:

Applicant's Name _____ Date of Birth _____

Address _____

Phone _____ Email _____

Name & Address of School or Program you plan to attend: _____

Name of Program Applied for: _____

Will you be attending school full or part-time? _____

Degree/Certificate you are pursuing:

Bachelor's _____ Associate's _____

Technical _____ Driver Education _____

Starting Date _____ Date tuition payment is due _____

Educational & Employment Information:

List any secondary, post-secondary and/or vocational school attended – most recent school first:

| Name of School | Location | Dates Attended |
|----------------|----------|----------------|
| _____ | | |
| _____ | | |
| _____ | | |

List areas of academic interest, extracurricular activities community service, and awards/honors received:

List jobs (full time, part-time, volunteer) – most recent job first:

| Name of Employer | Position | Dates Employed | |
|------------------|----------|----------------|-------|
| | | From | To |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Attachments:

1. A short essay (from three to five paragraphs) in the applicant’s own words the reasons for choosing the particular training or course of study and what the individual hopes to achieve. Both short term and long-term goals should be included. If reapplying, the essay should be updated to be current.
2. Two letters of recommendation: one from a teacher, school staff member, employer, or counselor; and one from a non-relative. All letters must be current (within one month of the application date). If reapplying from a previous year, the letters must be new and from current teachers, professors, etc.
3. If you have not signed up for SBANYS programs and services prior to applying, provide a doctor’s note, on letterhead, confirming a diagnosis of Spina Bifida.

All materials related to the application should be sent to and will remain the property of:

Spina Bifida Association of New York State
133 Saratoga Road, Pro Bldg, Office 4
Scotia, NY 12302

I hereby affirm that this application contains no willful misrepresentations or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should the investigation at any time disclose any misrepresentation or falsification, my application will be disapproved, and my award may be rescinded.

_____ Date _____
Applicant Signature

Applicants with questions may call (518) 399-9151 or email admin@sbanys.org.