



# Spina Bifida and Hydrocephalus Association of Manitoba

167 Lombard Ave., Suite 647, Winnipeg, MB R3B 0V3

Tel. 204-925-3653 Fax 204-925-3654

[spinabifidamanitoba@gmail.com](mailto:spinabifidamanitoba@gmail.com)

Charitable Registration #862738853RR0001

The Spina Bifida and Hydrocephalus Association of Manitoba is a registered charitable organization which strives to improve the quality of life for people affected by Spina Bifida and Hydrocephalus through support, education, advocacy, research and funding.

We provide services and support to persons with Spina Bifida and Hydrocephalus and to their families, caregivers, medical and educational professionals. Our objective as a volunteer association is to act as a resource to individuals and families by determining needs for and providing physical, emotional, and financial support, information on legal, educational, financial and vocational opportunities.

## RECREATION FUND

Purpose	The purpose of the SBHAM Recreation Fund is to relieve conditions associated with disability by providing funds for athletic and recreational programs or camps to support the physical, mental, and emotional well being of children and adults affected by Spina Bifida and Hydrocephalus.
Value	Up to \$100, once or twice per year. If requesting funds twice in a year, amount must not exceed \$100 for the two times.
Eligibility	This fund is available to those who live in Manitoba, have Spina Bifida and/or Hydrocephalus and/or are caregivers of those who are affected by Spina Bifida and/or Hydrocephalus. The applicant also must be a member of the Spina Bifida and Hydrocephalus Association of Manitoba ( <a href="http://www.sbham.ca/membership">http://www.sbham.ca/membership</a> ). Applicants are eligible to receive this fund once or twice a year.
Qualifications	Applicants are to submit their receipts for appropriate expenses (such as athletic/recreational/camp programs) the attached application form and the name and dates of the program. These expenses are to be submitted by December 31, 2015. The SBHAM board will make a decision on reimbursement based on need and funds available.
Information	Spina Bifida and Hydrocephalus Association of Manitoba 647-167 Lombard Avenue Winnipeg, Manitoba R3B 0V3 <a href="http://www.sbham.ca">www.sbham.ca</a> <a href="mailto:spinabifidamanitoba@gmail.com">spinabifidamanitoba@gmail.com</a>
Advertise	Fund will be advertised on SBHAM's website <a href="http://www.sbham.ca">www.sbham.ca</a> , SBHAM Facebook page, at the Rehabilitation Centre for Children Skye Resource Centre, and Doctor's Offices.

# RECREATION FUND APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Are you the applicant or the caregiver? \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Name of Program: \_\_\_\_\_

Dates of Program: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Doctor's Phone: (     ) \_\_\_\_\_

Description of Disability: \_\_\_\_\_

Have you received this funding before? \_\_\_\_\_

If yes, please provide the date & amount: \_\_\_\_\_

I am a member of the Spina Bifida and Hydrocephalus Association of Manitoba

## Expenses Incurred for Program/Camp:

Date	Name of Program	Purpose	Cost	Approval

Please ensure you have included:

- Original copies of your receipts (up to \$100)
- Proof of attendance to program/camp, including name of program/camp, and dates of attendance
- All contact information
- Mail to: **Spina Bifida and Hydrocephalus Association of Manitoba**  
**647-167 Lombard Avenue**  
**Winnipeg, Manitoba R3B 0V3**

*All submissions remain strictly confidential. The board will advise on whether or not they were able to approve your requests.*