

**Helen R. Mertens
Educational Scholarship Fund**

Sponsored by the Spina Bifida Association of Albany/Capital District

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

Name of School	Location	Dates Attended
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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

I have: (Please check one) _____ Spina Bifida
_____ Spinal Cord Disability resulting in similar challenges
_____ Other Please describe if other: _____

Applicant should attach a short essay, written in his/her own words describing the reasons why he/she chose the particular course of study and what the student hopes to achieve. Both short term and long term goals should be included. The essay should be at least two paragraphs.

Two letters of recommendation are required and may be attached to the application or sent directly from the reference. One letter of recommendation should be from a teacher, school staff member, employer, or counselor. The other letter should be from a non-relative.

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

Spina Bifida Association of Albany/Capital District
123 Saratoga Road
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 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at any time disclose any misrepresentation or falsification, my application will be disapproved and my award may be rescinded.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 SBAAlbany102@aol.com

Applications and all supporting materials must be received by close of business
April 11, 2008.