



# Spina Bifida and Hydrocephalus Association of Manitoba

210-1600 Kenaston Blvd. P.O. Box 333 Winnipeg, MB R3P 0Y4  
Charitable Registration #862738853RR0001

The Spina Bifida & 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 family by determining needs for and providing physical, emotional, and financial support, information on legal, financial and vocational opportunities.

## **RECREATION FUND**

- Purpose** The purpose of the SBHAM Recreation Fund is to relieve conditions associated with this 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 ([www.sbham.ca](http://www.sbham.ca)).
- 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<sup>st</sup>. The SBHAM board will make a decision on reimbursement based on need and funds available.
- Information** Spina Bifida and Hydrocephalus Association of Manitoba  
210-1600 Kenaston Blvd.  
P.O Box 333  
Winnipeg, MB R3P 0Y4  
[www.sbham.ca](http://www.sbham.ca)  
[sbmanitoba@gmail.com](mailto:sbmanitoba@gmail.com)
- Advertise** Funds will be advertised on SBHAM's website [www.sbham.ca](http://www.sbham.ca), SBHAM social media pages, at the Rehabilitation Centre for Children – SSCY Resource Centre, and doctor's offices.

Please ensure you have included:

- Original copies of receipts (up to \$100)
- Proof of attendance to program/camp, including name of program/camp, and dates of attendance
- All contact information

Email: [sbmanitoba@gmail.com](mailto:sbmanitoba@gmail.com)  
Phone: 204-668-6889



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Please mail to the address above.

## RECREATION FUND APPLICATION FORM

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Name 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 by Program/Camp/Activity:

Date	Name of Program	Purpose	Cost	Approval

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