

The Secretary
The Scott Fund Trust
PO Box 8119
HAVELOCK NORTH

SCOTT FUND TRUST APPLICATION

Do you have any questions?

Feel free to contact our Secretary Martin on 021 134 2225 or redwoodgrove@slingshot.co.nz

Details of young person requiring assistance

Name _____ Date of Birth _____

Address _____ Telephone _____

Service/Item we are requesting: _____

Estimated total cost of assistance required _____ Email _____

Less contribution by family or others _____ School _____

Application to the Scott Fund Trust _____

Please use this space to provide information to support this application

SUPPORTING INFORMATION FROM MEDICAL OR OTHER QUALIFIED SPECIALISTS WHO WORK WITH THE YOUNG PERSON MUST BE ATTACHED

If a grant is made the Scott Fund Trust may audit this application, to verify that the young person has benefited from the service or appliance funded.

If this application is for Teacher Aide assistance, please complete and attach page 3

If this application is for a computer or other school related equipment, please complete and attach page 4

Information disclosed in this form will be treated with respect and will be used in accordance with the Privacy Act.

Family Details:

Mother _____ Occupation _____

Father _____ Occupation _____

Caregiver _____ Occupation _____

Names and ages of other dependent children

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

Other organizations contacted in relation to this application

Organisation _____ Contact Person _____ Phone _____

Please use this section to share any other comments you think may be helpful:

Where did you hear about the Scott Fund Trust? _____

Have you ever received funding for this child from the Scott Fund Trust in the past? _____

If so, what was provided and when? _____

I/We make (and/or approve) this application to the Scott Fund Trust

The written approval of the parents or legal caregivers must be given below.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

If your application is for Teacher Aide support, please complete this page

Student Name:	School:
Teacher/s:	Teacher Aide/s:
This funding will enable the... Teacher/s to:	
Teacher Aide/s to:	
This funding will enable the... Teacher/s to:	
Teacher Aide/s to:	
Anticipated outcomes and time lines:	
Strategies in place to work towards independence in this/these areas:	

If this application is for a computer, software or school related equipment, please complete this page

Equipment requested: (please attach relevant quotes)

Name and contact details of person/s who recommended this equipment:

If the equipment will be used at school...

Name of school, contact person and signature:

Computer system currently running in your school:

Person/s enabling the use of this equipment:

Number of computers in class:

If the equipment will be used only at home:

Equipment you are currently using:

Person/s enabling the use of this equipment:

What this equipment will specifically help to achieve:

We have read and understand the attached policy regarding computers and software.

Please do not hesitate to contact us if you have questions regarding this policy



signed _____