

The Secretary  
The Scott Fund Trust  
PO Box 8119  
HAVELOCK NORTH

The Secretary  
elma.scott.trust@gmail.com

### SCOTT FUND TRUST APPLICATION

To be eligible for support from the Scott Fund Trust you must be under the age of 21.

**Information disclosed in this form will be treated with respect and will be used in accordance with the Privacy Act 2020.**

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.

**Do you have any questions? Feel free to contact our Secretary Elma Pienaar on [elma.scott.trust@gmail.com](mailto:elma.scott.trust@gmail.com)**

#### ***Details of young person requiring assistance***

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

School \_\_\_\_\_

Email \_\_\_\_\_

Service/Item we are requesting: \_\_\_\_\_

Estimated total cost of assistance required \_\_\_\_\_

Less contribution by family or others \_\_\_\_\_

Application to the Scott Fund Trust \_\_\_\_\_

Please use this space to provide information to support this application:

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

If this application is for a computer or other school related equipment, please complete and attach page 3.

**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**

Organization	Contact Person	Phone
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Equipment requested: (please attach **two** relevant quotes) **Any equipment supplied by the Scott Fund Trust will remain the property of the individual not the School.**

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:

***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 \_\_\_\_\_