

The Secretary
The Scott Fund Trust
PO Box 8119
HAVELOCK NORTH 4157

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

Details of young person requiring assistance

Name _____ Date of Birth _____

Address _____ Phone _____

Email of parent/carer _____

School _____

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:

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	Email/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 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 _____