The Secretary
The Scott Fund
PO Box 8119
Havelock North 4157
elma.scott.trust@gmail.com

SCOTT FUND APPLICATION

To be eligible for support from the Scott Fund 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 may audit this application to verify that the young person has benefitted from the service or appliance funded.
Do you have any questions? Feel free to contact our secretary Elma Pienaar at elma.scott.trust@gmail.com

Details of young person requiring assistance (The Applicant)

Name _____ *Date of birth* _____

Address _____ *Phone* _____

Email of parent/carer _____

School _____ *(the School)*

Service/Item we are requesting: _____

Estimated cost of assistance required _____

Less contribution by family or others _____

Application to the Scott Fund _____

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 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? _____

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

If so, what was provided and when? _____

Privacy Consent

By signing the Application, I /We confirm that:

1. I/We have authority to give this consent on behalf of the Applicant;
2. I/We consent to the School releasing information about the Applicant to the Scott Fund;
3. I/We understand that such information will be used by the Scott Fund only for the purpose of assessing the efficacy of assistance provided by the Scott Fund and enabling the Scott Fund to optimise the use of its resources, and that the privacy of the Applicant will at all times be respected by the Scott Fund.

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

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 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 _____

Guidelines for the approval of applications for computers

Policy statement

The Scott Fund requires quotes from two suppliers and reserves the right to seek a further quote.
We do not fund extended warranties or virus scanners.
Where an applicant uses the computer at school, we require confirmation in writing at the time of application that the applicant's software integrates with that used by the school. Applications for computer equipment should be accompanied by a recommendation from a recognised educational, medical or other appropriate professional, and should specify how the equipment will assist the applicant.
The computer equipment, once granted, becomes the applicant's property and needs to be insured as such.

Guidelines for the approval of Purchase of EpiPens

Policy Statement

To ensure that funds are used wisely the trustees need to have guidelines to ensure that the diagnosis of anaphylaxis is robust.

Applicants need to provide evidence of a diagnosis confirmed by a registered Medical Practitioner. This can best be done by provision of:

1. a copy of a hospital discharge letter confirming the diagnosis, or
2. a copy of a specialist outpatient letter confirming the diagnosis or confirming that appropriate testing reveals a high risk of anaphylaxis, and/or
3. other reliable evidence of the diagnosis

In addition, applicants will need to supply a copy of the written action plan that is appropriate for the device being purchased.

Grants for **Teacher Aides** are currently unavailable due to low interest rates reducing our income.