



MUSICAL MOMENTS TRUST

SCHOLARSHIP APPLICATION

PLEASE RETURN YOUR COMPLETED
APPLICATION TO CHALLENGE
BY THE END OF TERMS 1 AND 3

MAIL:

CHALLENGE
529-535 KING ST
WEST MELBOURNE VIC 3003

FAX:

(03) 9329 8427

EMAIL:

HOSPITAL@CHALLENGE.ORG.AU

GENERAL INFORMATION

WHAT IS THE MUSICAL MOMENTS TRUST?

The musical moments trust was established as a result of an inspirational boy who regardless of his situation and what was happening around him, smiled, danced, played instruments, sang to music and created songs. music was a moment away from reality.

The musical moments trust scholarship is offered to pre-school and primary school aged children living with cancer, to fund positive musical experiences for them as they move through their treatment and beyond. past recipients have enjoyed private and group music lessons, home visits from a music therapist, musical instruments and the chance to create and record a song with a musician.

WHO CAN APPLY?

To apply for the Musical Moments Trust your child must:

- Be a Challenge member who has been diagnosed with cancer or a life-threatening blood disorder
- Be aged between 0 and 12 years inclusive
- Have not previously been awarded the Musical Moments Trust Scholarship

As a parent or carer, you may apply each round until your child is 13 years old.

CONFIDENTIALITY

All information contained within this application will remain strictly confidential.

DECLARATION

I, _____, the parent/guardian of _____
hereby endorse and support this application and confirm that all the information provided in this document is true and accurate at the time of signing.

_____/_____/_____
(Date)

(Signature)

Should your child receive funding from the Musical Moments Trust, would you as a parent/guardian allow a photo and caption to be placed on Challenge's social media pages?

yes no

Should your application not be successful in this round of funding, would you like it to be resubmitted for the next round of funding? **Please note, applications can only be resubmitted once.**

yes no

PERSONAL INFORMATION

Applicant Name: _____

Date of Birth: _____ Gender: _____

Permanent Address: _____

State: _____ Postcode: _____

Does your family primarily speak a language other than English in the home? yes no

If yes, what language do you speak? _____



