



# THE SCAFFIDI FOUNDATION SCHOLARSHIP



## APPLICATION FORM

**Please return all completed applications by end of November**

**The Scaffidi Foundation Scholarship Application  
C/- Challenge  
529-535 King Street  
West Melbourne Vic 3003**

**or by fax: Fax: 03 9329 8427 (attention: Olivia Walsh)**

**or by email: [hospital@challenge.org.au](mailto:hospital@challenge.org.au)**

The Scaffidi Foundation  
Level 16, 330 Collins Street  
Melbourne Victoria 3000

Telephone: +61 3 8643 7900  
Facsimile: +61 3 8643 7911

Scaffidi Foundation Inc.  
ABN: 31 184 935 389

[www.scaffidifoundation.org](http://www.scaffidifoundation.org)



## **About Us**

The Scaffidi Foundation was established in 2003 in honour of two remarkable women. Norina and Cathy Scaffidi, mother and daughter, lost their battles with breast cancer in 1998 and 2002. The two women shared an amazing gift - the ability to touch people's hearts. Both women were dedicated to helping people battling illness, Cathy through her work as a naturopath and Norina in her special role as everyone's favourite 'second mum'.

## **What We Do**

We have been assisting families of children battling cancer in a variety of different ways for more than eight years.

Our support is provided via:

- The Scaffidi Foundation Scholarship to help fund primary or secondary educational fees, equipment or extra-curricular activities for a student impacted by cancer

We also worked with Challenge to establish the Scaffidi Foundation Parent Lounge within the Challenge Family Centre in West Melbourne, a place where families can come together and feel completely supported in their journey from the time of diagnosis, through the treatment period and beyond.

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## 1. Can I apply for the Scaffidi Foundation's scholarship?

To be eligible, you must:

- Be a Challenge Member
- Be aged between 5 and 18 years old inclusive
- Plan to commence or continue your education in the following year after application
- Have been diagnosed with cancer or a life-threatening blood disorder
- Not have already been awarded the Scaffidi Foundation scholarship.

**PLEASE REMEMBER TO FILL IN ALL SECTIONS!**

## 2. Who reads the stuff I write on here?

Your privacy is important to us. Anything on your application form will only be read by the scholarship judging panel. Our panel is made up of members of the Scaffidi Foundation committee of management.

## 3. About You (the applicant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you currently enrolled in part-time or full-time education? Y / N

If yes, what school or institution are you enrolled in?

\_\_\_\_\_

Are you currently in part-time or full-time employment? Y / N

If yes, what type of work are you doing?

\_\_\_\_\_

Employer's contact details (if applicable):

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Does your family primarily speak English in the home? Y / N

If no, what language do you primarily speak?

\_\_\_\_\_

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#### 4. Other Info

- a. Have you ever received, or are you due to receive any other financial support during the time you are studying? If yes, please provide any relevant details.

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- b. If you are successful in receiving The Scaffidi Foundation scholarship, how would you spend the funds to help you with your education? This may be in the form of helping fund primary or secondary educational fees, equipment or extra-curricular activities for a student impacted by cancer. (Please be specific).

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#### 5. The Medical Bits

Diagnosis:

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Date of diagnosis:

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Duration of treatment:

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Hospital:

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## 9. Where did you hear about us?

We would love to know how you found out about the Scaffidi Foundation Scholarship. Please circle one of the following:

- Challenge
- Royal Children's Hospital
- Monash Hospital
- Newspaper
- Other (please specify) \_\_\_\_\_

## 10. Questions

If you have any questions regarding the Scaffidi Foundation scholarship, please contact Olivia Walsh **Phone:** 03 9329 8474 **Email:** hospital@challenge.org.au

## 11. Adult's stuff...

Please note that the successful applicant will be asked to provide a brief statement at the end of their scholarship term regarding the Scaffidi Foundation's support.

The Scaffidi Foundation also requests that a select amount of information from the successful applicants' application form may be used without identification, or with identification upon approval, for promotional purposes within all publications and informative material. No information will be used without consultation and consent.

Please note that in the event that your application is successful, any funds granted **must be spent on the items you specified in section 4b of this application.**

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The panel will make a decision based upon the information provided within this application form and from your referees. Please be as descriptive and as honest as possible. All information provided is strictly confidential. The successful applicant will be informed in the new year.

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## 12. Have I done everything right checklist

Ok, so now that you have completed your scholarship application form and you are about to send it to us, why don't you take two minutes to check that you have included all of the right information? To make this a little easier for you, we have added a little checklist for you below – see, easy!

- I am eligible to apply for the Scaffidi Foundation scholarship
- I have answered every question to the best of my ability
- I have included contact information a referee
- I have signed the application form
- My parent/guardian has signed the application form
- I won't send it off and say - 'I wish I told them....'

**Good luck!**

Where and how to send:

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