



Musical Moments Trust Scholarship

APPLICATION FORM

Please return your completed application to Challenge by the end of Terms 1 or 3 via one of the following methods:

MAIL:

529–535 King Street
West Melbourne VIC 3003

EMAIL:

mail@challenge.org.au

WHAT IS THE MUSICAL MOMENTS TRUST?

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 be eligible for the Musical Moments Trust Scholarship, your child must:

- Be a Challenge member diagnosed with cancer or a life-threatening blood disorder
- Be aged between 0 and 12 years (inclusive)
- Not have previously received a Musical Moments Trust Scholarship.

GUIDELINES FOR PRESENTATION

- **Complete every section thoroughly:** The more detail you can share, the better we can understand your child's circumstances, what they're working towards, and how this scholarship could genuinely support them.
- **Answer every question carefully:** Each question is included for a reason, and together they give a fuller picture than any single response can. Taking a little extra time to respond carefully ensures we don't miss important context.
- **Make sure your application is easy to read:** Clear, readable writing (or typed responses) means your story and your child's needs come through without interruption. If we can read your application easily, we can focus on what matters: understanding your family's situation and the support that will make the biggest difference.

CONFIDENTIALITY

All information provided in this application will remain strictly confidential.



Personal Information

Applicant Name :

Date of Birth :

Gender :

Address :

State : Postcode

Email :

Does your family primarily speak a language other than English in the home? If yes, what language does your family speak? If yes, please specify which language.

Yes No

Medical Information

Diagnosis :

Date of Diagnosis :

Hospital :

Doctor :

Has the patient suffered a relapse? Yes No

Date of Relapse (if yes to above):



Other medical information:

How has the treatment affected your child physically and mentally?
(20-100 words)

Other comments:

DECLARATION

I, _____, parent/guardian of _____,
confirm that I support this application and declare that, to the best of my
knowledge, all information provided in this form is true and accurate at the
time of signing.

Signature: _____ Date: ____ / ____ / _____

If your child is awarded the Musical Moments Trust Scholarship, do you
consent to Challenge using a photo and short caption on its social media
pages to acknowledge the award?

Yes No

