

SCAFFIDI FOUNDATION SCHOLARSHIP

APPLICATION FORM

Please return your completed application to Challenge by the end of November via one of the following methods:

MAIL:

529–535 King Street
West Melbourne VIC 3003

EMAIL:

mail@challenge.org.au

WHAT IS THE SCAFFIDI FOUNDATION SCHOLARSHIP?

The Scaffidi Foundation Scholarship was established in honour of Norina and Cathy Scaffidi, a remarkable mother and daughter who shared a deep commitment to caring for others and supporting people facing illness. Through its partnership with Challenge, the scholarship supports children and young people impacted by cancer by helping fund primary or secondary education costs, essential equipment, and extracurricular activities.



WHO CAN APPLY?

To be eligible for the Scaffidi Foundation Scholarship, the applicant must:

- Be a Challenge member who has been diagnosed with cancer or a life-threatening blood disorder
- Be aged between 5 and 18 (inclusive)
- Be planning to commence or continue education in the year following their application
- Not have previously been rewarded a Scaffidi Foundation Scholarship.

You may continue to apply for this scholarship in future rounds while the applicant remains eligible.

GUIDELINES FOR PRESENTATION

- **Complete every section thoroughly** – The more detail you can share, the better we can understand your circumstances, what you are working towards, and how this scholarship could genuinely support you.
- **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 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)

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):

Please note: The successful applicant will be asked to provide a brief statement at the conclusion of their scholarship term reflecting on the support provided by the Scaffidi Foundation.

The Scaffidi Foundation also requests permission to use selected information from successful applicants' application forms for promotional purposes across publications and informational materials. This information may be used without identification, or with identification upon approval. No information will be used without prior consultation and consent.

Please also note that if your application is successful, any funds granted must be used only for the purposes specified in this application.

DECLARATION

I, the legal parent/guardian of the child for whom this application is submitted, hereby endorse and support this application and confirm that all information provided in this document is true and correct.

Signature of Parent/Guardian: _____ Date: __ / __ / _____

Signature of Applicant: _____ Date: __ / __ / _____

The panel will make its decision based on the information provided in this application and from the nominated referees. Please be as descriptive and honest as possible. All information will be treated as strictly confidential. Successful applicants will be notified by phone.