



CHARLIE TIANG ART SCHOLARSHIP

APPLICATION FORM

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

MAIL:

529–535 King Street
West Melbourne VIC 3003

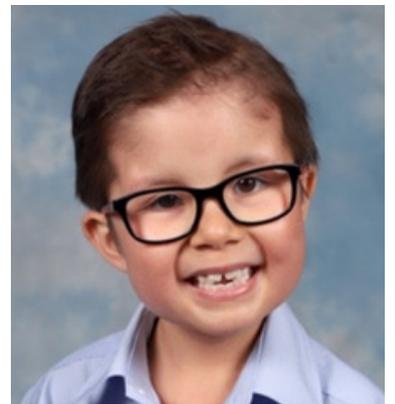
EMAIL:

mail@challenge.org.au

WHAT IS THE SCAFFIDI FOUNDATION SCHOLARSHIP?

The Charlie Tiang Art Scholarship was created in memory of Charlie, a much-loved Challenge member who passed away in 2023 at just seven years old. Art was one of his greatest passions and became a powerful outlet during treatment, allowing him to express himself with freedom and joy.

In his honour, Charlie's family partnered with Challenge to establish this annual scholarship for children aged 4 to 18 living with cancer. It supports young artists to explore their creativity, grow in confidence and pursue their artistic dreams.



WHO CAN APPLY?

To be eligible for the Charlie Tiang Art Scholarship, the applicant must:

- Be a Challenge member who has been diagnosed with cancer or a life-threatening blood disorder
- Be aged between 4 and 18 (inclusive)
- Not have previously been awarded the Charlie Tiang Art 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):

In order to be considered for this scholarship, applicants are required to have completed a Challenge Membership Form. If you have not completed a membership form, please contact the Challenge office on (03) 9329 8474.

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.