



Kids in Tech 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?

For many years, Challenge and Kaine Mathrick Tech (KMT) have shared a valued partnership, with KMT providing essential IT services that keep our technology current and our programs running smoothly. Their support strengthens both our operations and the broader community we serve.

In 2024, KMT deepened this commitment by launching the annual Kids in Tech Scholarship, supporting children living with cancer to pursue their technology goals – whether through new equipment or tech-focused courses. We are incredibly grateful for a partnership that goes far beyond philanthropy and helps empower the next generation of innovators.

WHO CAN APPLY?

To be eligible for the Kids in Tech Scholarship, the applicant must:

- Be a Challenge member who has been diagnosed with cancer or a life-threatening blood disorder
- Be aged between 10 and 18 (inclusive)
- Not have previously been awarded a Kids in Tech 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.