



## Scholarship Application Guidelines

Five Fish Foundation  
636 Long Point Road, Unit G#125  
Mt. Pleasant, SC 29464  
[www.fivefishfoundation.org](http://www.fivefishfoundation.org)

### **READ THESE GUIDELINES THOROUGHLY BEFORE COMPLETING THE APPLICATION**

## **General Information**

**Purpose:** Our purpose is to assist families of individuals with special needs by providing financial assistance for therapy-related services, programs, and products that may not otherwise be covered by insurance or other funding sources.

**Types of Support:** Examples of eligible therapy-related services include, but are not limited to, physical therapy, speech therapy, music therapy, massage therapy, ABA therapy, summer camps, weighted blankets, and noise cancelling headphones.

**Limitations:** No grants are given for organizations/businesses, fundraising drives, debt reduction (expenses incurred for therapy received prior to the grant award), medication, transportation, respite, or travel expenses.

**Geographic Focus:** This program currently serves residents of Charleston, Dorchester, and Berkeley Counties in South Carolina.

**Scholarship Amounts and Payment:** Scholarships will be awarded in amounts up to \$1,000.00 per individual/per year. Scholarship money will be paid directly to the approved therapy or program provider. Funds will not be distributed in cash and will not be given directly to the recipient.

**Approved Therapy Providers:** Five Fish Foundation forms a partnership with each therapy provider who receives funding for a scholarship recipient. Providers must meet Five Fish Foundation "Provider Guidelines" requirements and be approved by the Board of Directors as a Community Partner.

**Other:** Applications will be accepted and considered without regard to sex, religion, ethnic background, race, or national origin.

**Contact Information:** If you have any questions regarding the application process or scholarship program, contact us at [Scholarships@fivefishfoundation.org](mailto:Scholarships@fivefishfoundation.org)

## Application Process Information

**Application Due Dates:** Applications will be accepted, and funds will be distributed, three times per year. If the deadline is on a weekend or holiday, applications will be due the following business day.

### **Application Submission:**

- ✓ Applications must be completed on our form and received by mail on the due date to: Five Fish Foundation, 636 Long Point Road, Unit G#125, Mt. Pleasant, SC, 29464.
- ✓ Applications do not roll into the next scholarship cycle and must be resubmitted each time a scholarship is desired.
- ✓ Applications **will not** be accepted electronically or by fax.
- ✓ Please submit three (3) stapled copies of your application.
- ✓ Other than any necessary additional sheets to answer the narrative questions, DO NOT include any other documentation, photos, etc. with your application.

**After Applying:** Applicants will be notified within two (2) weeks of the application deadline as to whether their scholarship request is being fulfilled. Notifications will be sent by mail. At that time, accepted applicants will be required to submit further verification and final documentation. This documentation must be received within one month of the date of request.

## Completing the Application Form

\*Every question must be answered, according to the directions, for the application to be complete. Incomplete applications will not be considered for funding.

### **Applicant Information:**

**Questions 1-4:** The "applicant" refers to the individual with special needs who will benefit from the therapy being requested.

**Questions 5-6:** Please list the formal primary and secondary diagnoses or disabilities. (Examples: Autism Spectrum Disorder, Downs Syndrome, Cerebral Palsy, Sensory Integration Dysfunction)

**Question 7:** Check ONE disability category only.

**Question 8:** Complete the narrative. You may use an additional sheet of paper if necessary.

### **General Information:**

**Questions 9 and 9a:** Check yes or no appropriately.

**Question 10:** Featured Five Fish Foundation (FFF) Families is a program that introduces participating families to groups, service clubs, or businesses in our community who are interested in learning more about the mission and impact that Five Fish Foundation has in our community. Engaging and partnering with other community organizations is critical to raising awareness so that we may continue to serve the increasing number of families in our community that need our help. By becoming a Featured FFF Family, the applicant family agrees to:

- ✓ Sign a release that gives us permission to share the applicant's first name, age, disability, story, and therapy needs with the sponsoring group to create an individual connection. No personal contact information will be disclosed.
- ✓ Be willing to attend an event at the request of the sponsoring group for a personal connection. These requirements vary by sponsoring group, but could be such things as:
  - Send a personal thank you note with a photo to the sponsoring group
  - Attend a meeting of the group to introduce the applicant and say thank you
  - Write a thank-you letter after the applicant's therapy is complete, explaining its value

**Question 11:** The therapy provider is the organization or business, not the individual therapist, unless they are the same.

- ✓ Requests can be made to only one therapy provider per application. (Example: You may request a scholarship for OT and speech at the same therapy location. You may not request your scholarship be split to receive OT at one location and speech at another location.)
- ✓ It is recommended that you designate a specific therapy provider with which you would like to participate.
- ✓ If you do not know where to go for therapy, we urge you to do that research before filling out this request for funding support.

**Question 12:** List how you heard about Five Fish Foundation.

**Family information:**

**Questions 13-17:** Identify custodial parents/guardians. If over 18, independent, and completing the form yourself, check "self." Complete all contact information.

**Question 18:** Indicate how many children and how many adults over 18 live in your home, including yourself, who are dependent upon the responsible party's income.

**Financial Information:**

\*This is an application for financial assistance; you must prove financial **need**. Please consider that since the purpose of the scholarship is to support therapy not covered by insurance, every applicant is applying for that reason.

**Question 19:** List the scholarship amount you would like to receive, not to exceed \$1,000.

**Question 20:** Indicate the cost of this exact therapy how it is billed by the provider. (Example: \$100 per hour or \$800 per week. Write in any unique situations such as \$1,500 for 3- week intensive camp.)

**Question 21:** Check all items that describe the type of medical insurance the applicant has.

**Question 22:** Check the correct response. You will need to check your insurance policy before answering this question. Always check your exact coverage before you apply. Note that if you are selected to receive a scholarship, you may be required to submit your insurance explanation of benefit information from your insurance carrier.

- ✓ 22a. If the answer to question 22 is "No" or if the applicant does not have any insurance coverage, leave blank. If you answered "Yes", to question 22, list here your deductible, co-pays, renewal date, coverage amount, etc.

**Question 23:** Check which option best describes your family.

**Question 24:** Check the appropriate box. If there is anyone else (other than the applicant) in the immediate family (parents or siblings) who has a disability, explain who and the type of disability.

**Question 25:** Complete the narrative, explaining any items checked in this section, plus anything else that the review committee should take into consideration. Additional sheets may be attached to complete this question.

**Therapy/Product Information:**

\*Complete this section for the therapy provider you choose to receive therapy from for this scholarship.

**Question 26:** Name the specific type(s) of therapy or product for which you choose to use the scholarship. (Example: Physical Therapy, Speech Therapy, Therapeutic Horseback Riding)

**Question 27:** The therapy provider is the organization or business, not the individual therapist, unless they are the same.

- ✓ Requests can be made to only one therapy provider per application. (Example: You may request a scholarship for OT and speech at the same therapy location. You may not request your scholarship be split to receive OT at one location and speech at another location.)
- ✓ It is recommended that you designate a specific therapy provider with which you would like to participate.
- ✓ If you do not know where to go for therapy, we urge you to do that research before filling out this request for funding support.

**Questions 28 and 29:** Identify if you have received an evaluation and/or services from this particular provider.

**Question 30:** List ALL therapies, including what you are applying for, in this section. Indicate if the applicant is currently receiving them in school (S), privately (P), or if a therapy is not currently being received, but is a therapy you would desire (D).

**Question 31:** Check Yes or No.

- ✓ 31a: May be left blank if the answer to 31 is "No".

**Question 32:** Complete the narrative. You may use additional sheets of paper for this question if necessary.

**Application Verification:** Agree to the statement by signing and dating the document.