Please submit three (3) copies of this application.

Scholarship Application

Five Fish Foundation
636 Long Point Road, Unit G#125
Mt. Pleasant, SC 29464
www.fivefishfoundation.org

APPLICANT INFORMATION **REFERENCE NUMBER** _____-_____

1. Applicant's Name: _____
Last First Middle

2. Birthdate: ____/___/_____ mm /dd/yyyy 3. Age_____ 4. M/F (Circle one)

5. Applicant's Primary Diagnosis: _____

6. Applicant's Secondary Diagnoses/Disabilities (list all): _____

7. Check the ONE disability category that most accurately represents the applicant (do not check more than one)

( ) Autism Spectrum Disorder ( ) Sensory Processing Disorder
( ) Developmentally Delayed ( ) Severely Multiply Impaired
( ) Emotionally/Psychologically Impaired ( ) Specific Learning Disability
( ) Physically Impaired ( ) Speech and Language Disability

8. Has applicant applied for a Five Fish Foundation Scholarship in the past? ( ) Yes ( ) No

8a. If "Yes" to 8: Has applicant received a Five Fish Foundation scholarship in the past? ( ) Yes ( ) No

9. Are you willing to be a featured FFF Family? (see guidelines) ( ) Yes ( ) No

FAMILY INFORMATION

10. Parties responsible for applicant: ( ) Parent(s) ( ) Guardian(s) ( ) Self

Last First Middle

Last First Middle

11. Address: _____
Street City State Zip

12. Email: _____ 13. County: _____

14. Phone: ( ) _____ ( ) _____
Primary Secondary

15. Number of family members in the home: Children: _____ Adults: _____

FAMILY INFORMATION, continued

16. Do you have multiple family members with special needs? ( ) No ( ) Yes, explain below.
_____

FINANCIAL INFORMATION (This is an application for financial assistance; you must prove financial need.)

17. Applicant's medical coverage (check all that apply)
( ) Private Insurance ( ) Medicaid ( ) Other ( ) None

18. Does insurance cover any of the costs associated with this therapy or product?
( )Yes ( ) No ( )Applicant does not have insurance coverage, as noted above.

19. Check which best describes your employment situation:
( ) Two-parent, two-income (part or full-time) ( ) Single parent, single-income
( ) Two-parent, single-income ( ) Single parent, no income
( ) Two parent, no income ( ) Other _____
( ) Disability income

20. Check which best describes your household's total annual income:
( ) $19,000 and below
( ) Between $20,000 and $39,999
( ) Between $40,000 and $59,999
( ) Between $60,000 and $79,999
( ) Between $80,000 and above

21. Explain ANY circumstances that contribute to your financial need for a scholarship
_____
_____
_____

THERAPY/PRODUCT INFORMATION

22. Name the type of therapy/product(s) being requested:
_____

23. Provide costs of therapy/product(s) being requested:

Therapy/Program Requested	Products Requested
Each session costs $_____	Item 1 _____
Each session is _____ minutes long	Item 2 _____
Frequency of sessions _____	Item 3 _____

THERAPY/PRODUCT INFORMATION, continued

24. Name of Therapy/Product Provider:

Name: _____

Address: _____
Street City State Zip

Provider phone: _____ Provider email: _____

25. Has the applicant been evaluated by this provider? ( ) Yes ( ) No

26. Has the applicant received therapy from this provider? ( ) Yes, currently ( ) Yes, in the past ( ) No

27. Is therapy being requested by a physician? ( ) Yes ( ) No

27a. If "Yes" to 27, please complete:

Physician name: _____

Practice name:

Address: _____
Street City State Zip

28. Please explain in detail why this therapy will be beneficial to the applicant (attach additional sheets, if needed).

_____

_____

_____

_____

_____

_____

APPLICATION VERIFICATION

If the applicant is selected to receive a scholarship, I commit to complying with all follow-up requirements and paperwork submissions within one month of the date of request.

_____ _____
Signature Date

WEBSITE, SOCIAL MEDIA, AND PRINTED MEDIA RELEASE FORM

I, the undersigned, do hereby grant permission to Five Fish Foundation to post my and/or my child story, photos, or other items, hereinafter referred to as "materials", I submit to the Five Fish Foundation's website as well as their social media accounts which include LinkedIn, Facebook, and Instagram, as well as printed media.

I hereby release you, your representative, employees, managers, members, officers, parent companies, subsidiaries, and directors from all claims and demands arising out of or in connection with any use of said "materials", including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use of the "materials" or any rights therein.

_____ _____
Signature of Recipient or Legally Authorized Representative Date

_____
Name and Relationship of Legally Authorized Representative to Recipient

_____
Name of Scholarship Recipient

HIPAA COMPLIANT AUTHORIZATION FOR THE RELEASE OF RECIPIENT INFORMATION PURSUANT TO 45 CFR 164.508

TO: _____
Name of Therapy Provider

I, the undersigned, do hereby authorize and request the disclosure of protected information for the sole purpose of review and evaluation in connection with the issuance of the Five Fish Foundation scholarship.

I understand the following: See CFR §164.508(c)(2)(i-iii)

a. I have a right to revoke this authorization in writing at any time, except to the extent information has been released in reliance upon this authorization.
b. The information released in response to this authorization may be re-disclosed to other parties.
c. My scholarship cannot be conditioned on the signing of this authorization.

Any facsimile, copy or photocopy of the authorization shall authorize you to release the information requested herein. This authorization shall be in force and effect until one year from date of execution at which time this authorization expires.

_____ _____
Signature of Recipient or Legally Authorized Representative Date

_____
Name and Relationship of Legally Authorized Representative to Recipient

_____
Name of Scholarship Recipient

Applicant name:

_____

Last First Middle

Parties responsible for applicant: ( ) Parent(s) ( ) Guardian(s) ( ) Self

_____

Last First Middle

_____

Last First Middle

Email: _____

Would you be interested in any of the following? (please check all that apply)

- ☐ Mom's Group
- ☐ Dad's Group
- ☐ Siblings Group
- ☐ Social Circles
- ☐ Writing about your FFF experience
- ☐ Attend/speak at FFF Fundraisers
- ☐ Write thank you notes to donors
- ☐ Volunteer at FFF events

Please include any additional comments below:

_____

_____

_____

_____

_____

_____

What are your biggest concerns about your child's future?

_____

_____

Are there any specific topics you would like to learn more about regarding your child's future?

_____

_____