



Please submit three (3) copies of this application.

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

CLASSROOM INFORMATION

REFERENCE NUMBER _____ - _____

1. Teacher's Name: Last First Middle
2. School name:
3. Address: Street City State Zip
4. Email: 5. County:
6. Number of students in classroom: 7. Ages of students:
8. Phone: () Primary () Secondary
9. Check all disability categories that most accurately represents the students in your classroom
() Autism Spectrum Disorder () Sensory Processing Disorder
() Developmentally Delayed () Severely Multiply Impaired
() Emotionally/Psychologically Impaired () Specific Learning Disability
() Physically Impaired () Speech and Language Disability
10. Has teacher applied for a Five Fish Foundation Scholarship in the past? () Yes () No
10a. If "Yes" to 8: Has teacher received a Five Fish Foundation scholarship in the past? () Yes () No
11. Can your classroom be featured on FFF social media? () Yes () No

THERAPY/PRODUCT INFORMATION

12. Name the type of therapy/product(s) being requested:
13. 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

14. Name of Therapy/Product Provider:

Name: _____

Address: _____

Street	City	State	Zip
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Provider phone: _____ Provider email: _____

15. 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 classroom's 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