

### Overview

#### ARE YOU APPLYING FOR A VARIETY HEART SCHOLARSHIP?

**PLEASE NOTE: This application is NOT for scholarships.** If you are applying for assistance in sport or arts through a Variety Heart Scholarship please click [here](#).

For all other applications for support for an individual child, please continue.

#### How to apply for assistance

The Variety SA Grants Program provides much needed equipment, resources and experiences for SA children who are sick, disadvantaged or have special needs.

As a not-for-profit organisation, our supporters and staff work hard to maximise the funds available to give through our Grants Program each year. However, as much as we would like to, it is unfortunately not possible to meet each and every request for assistance.

A strong application will demonstrate the following:

- Unmet need i.e. it cannot be met through government or other organisation funding;
- Detailed support letters (minimum of two), specifically addressing both the need and the benefit of the equipment or resource being requested, and;
- Financial documentation demonstrating the equipment is beyond the family's budget.

#### Who is eligible?

Assistance is available for South Australian children aged up to 18 years of age, who are sick, disadvantaged or have special needs.

To apply for assistance, you must be able to demonstrate a genuine need (including financial evidence) and information on how the assistance requested will meet this need.

You will also need to provide supporting letters from relevant professionals (e.g. Specialists, Therapists, Teachers) and quotes for the items requested.

#### How does Variety help?

Our Grants Program is designed to be flexible to allow you to apply for the items that best meet your individual needs. Every child is different, so every application is considered on an individual basis.

However, there are some restrictions. For example, we do not fund salaries, research or retrospective grants. Variety does not give cash. Instead, we purchase equipment / services directly on behalf of the recipient. See our application form for full details.

Variety aims to 'fill the gaps' and prioritise requests for which there are no alternate sources of support. If the Variety Grants Committee believes that funding is already available

# Individual Application

## Form Preview

through another agency (including NDIS), you may be referred elsewhere, unless you can explain why you cannot access their support.

### What happens once I apply?

You can request support at any time.

All Variety applications are assessed by an independent Grants Committee, which meets monthly. The process normally takes several months from the time the application is received, for it to be evaluated and a decision reached.

Variety will advise you in writing of the outcome, as soon as a decision has been made.

### Guidelines

Refer to the link below for detailed guidelines.

<https://www.variety.org.au/sa/guidelines/eligibility/>

The individual application form must be completed with the following information included or attached:

\* Two quotes for each item requested. The quotes must be less than three months old and include freight charges, if applicable. Equipment quoted should be new and have full warranty and after sales service included. When all other things are equal, Variety will consider approving the cheaper of the quotes presented. The two quote rule can be varied where there is only one supplier. Variety reserves the right to use preferred suppliers. \* Note that quotes are NOT required where the request is for a vehicle. In this instance, Variety SA will source a suitable second-hand vehicle on behalf of the successful applicant. \* **Where the item requested is equipment to be installed in a home that is rented, then a letter of approval from the landlord, allowing the installation and noting any restrictions, must be included with the application.** \* Where more than one item is requested, the items should be prioritised by the applicant. \* Two supporting letters from professional sources, which could be an Occupational Therapist, Speech Pathologist, Social Worker or other professional relevant to the application. The supporting letters should be less than three months old. The letters should include information relating to the child's diagnosis (or lack of diagnosis); the child's prognosis, their symptoms and effects of their diagnosis on the quality of life of the child and their family and how the recommended item is beneficial to the child. \* Current financial information from the child's family. This includes copies of payslips and/or Centrelink Income Statements or Group Certificates. Documents should be less than three months old.

\* The money granted by Variety cannot be used for another purpose or item, without the prior consent of the Grants Committee. If the equipment granted is no longer required or suitable, prior to being purchased, the grant will be withdrawn and a new application may be submitted immediately.

The following types of applications will NOT be considered:

- Ongoing funding, such as repairs or maintenance of equipment or vehicles
- Administration, infrastructure or overhead expenses
- Carer's expenses

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- Cash donations
- Retrospective funding
- Accommodation
- Holidays

### Contact Details

\* indicates a required field

#### Child's Details

This form is to be completed by a parent or guardian of the grant applicant.

**Childs Name \***

First Name

Last Name

**Is this child an Australian Resident or Citizen? \***

- ☐ Yes  
☐ No

**If no, please provide details of residency status**

**Is this child of Aboriginal or Torres Strait Islander origin?**

- ☐ Yes  
☐ No

**Childs Age \***

Must be a number.

**Childs Date of Birth \***

Must be a date.

**Childs Gender \***

- ☐ Female  
☐ Male

**Description of disability or disadvantage \***

**Photo of your child**

Attach a file:

#### Parent or Guardian's Details

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**Parent or Guardian 1 \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Parent or Guardian 2**

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Relationship to Child \***

- ☐ Parent  
☐ Guardian  
☐ Foster Carer  
☐ Grandparent

**Residential Address \***

Address

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Home Phone Number**

Must be an Australian phone number, please include area code, for example 08 8293 8744

**Mobile Phone Number \***

Must be an Australian phone number eg 0400 000 000

**Personal Email \***

Must be an email address

**Number of Dependents  
(under 18 years)  
excluding applicant**

Must be a number.  
Must be a number

**Ages of Dependents  
(excluding applicant)**

Separated by spaces

**Is either Parent/  
Guardian currently  
employed? \***

- ☐ Yes  
☐ No

**Is either Parent/  
Guardian currently  
receiving Government  
payments? \***

- ☐ Yes  
☐ No

If English is not your first language and you would like someone to assist us in communicating with you, please include their contact details below:

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**Name**

Title

First Name

Last Name

**Relationship to you**

**Phone Number**

Must be an Australian phone number.

**Email**

Must be an email address.

## Details of Request

*\* indicates a required field*

### Details of Request

**Is your request for a vehicle? \***

☐ Yes

☐ No

**Is your request for air-conditioning or equipment to be installed in your home? If in rented accommodation approval letter is required from landlord \***

☐ Yes

☐ No

**Details of assistance requested and how it will be used \***

Word count:

Must be at least 25 words

**How many children will benefit from this grant? \***

Must be a number.

**Are you able to make any financial contribution to this application? \***

☐ Yes

☐ No

**If yes, how much are you able to contribute?**

\$

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Must be a dollar amount

**Number of years  
equipment or assistance  
will last \***

Must be a number

**Total Cost \***

Must be a dollar amount.

**Amount Requested from Variety \***

Must be a dollar amount.

**Please attach quote (1): \***

Attach a file:

**Please attach quote (2):**

Attach a file:

**Please attach quote (3):**

Attach a file:

**Name of Preferred Supplier, and reason for preference**

**If your request is for air-conditioning or equipment to be installed in your home, and you do not own your home, please attach a letter from your landlord, giving approval for this equipment to be installed.**

Attach a file:

Attach a file:

## Financial Details

\* indicates a required field

# Individual Application

## Form Preview

### Income Details

**Gross Annual Income Amount (1): \***

\$   
Must be a dollar amount

**Gross Annual Income Documentation (1): \***

Attach a file:

Please attach supporting documentation (eg payslip or group certificate)

**Gross Annual Income Amount (2):**

\$   
Must be a dollar amount

**Gross Annual Income Documentation (2):**

Attach a file:

Please attach supporting documentation (eg payslip or group certificate)

### Government Assistance

**Government Assistance (1): \***

\$   
Must be a dollar amount, per fortnight

**Government Assistance Documentation (1): \***

Attach a file:

Please attach supporting documentation (eg Centrelink statement)

**Government Assistance (2):**

\$   
Must be a dollar amount, per fortnight

**Government Assistance Documentation (2):**

Attach a file:

Please attach supporting documentation (eg Centrelink statement)

### Budget

Income	\$	Expenditure	\$
	\$		\$

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### Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

\$

This number/amount is calculated.

### Financial Considerations

**Current Housing Situation \***

- ☐ Rent
- ☐ Mortgage
- ☐ Own Home
- ☐ Government Assisted Housing

\*

**Have you approached any other sources for financial assistance? \***

**If you have approached other sources for financial assistance, please provide brief details**

**Can this item be funded through NDIS or other Government funding? \***

**If this item can be funded by the Government or NDIS, please explain the reasons as to why you are applying to Variety**

**Please upload Government funding application or response (if applicable)**

Attach a file:

**Have you previously received assistance from Variety? \***



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If you have previously received assistance from Variety, please provide brief details, including the year grant received

### Referee Details

\* indicates a required field

#### Support for this Application - Referee 1

Please note that we may contact this referee to discuss your application.

**Referee 1 Name \***

Title

First Name

Last Name

**Referee 1 Position \***

**Referee 1 Organisation \***

**Referee 1 Phone Number \***

Must be an Australian phone number, please include area code, for example 02 9819 1000

**Referee 1 Email \***

Must be an email address

**Relationship to Child \***

**Referee 1 Referral Letter \***

Attach a file:

#### Support for this Application - Referee 2

Please note that we may contact this referee to discuss your application.

**Referee 2 Name \***

Title

First Name

Last Name

**Referee 2 Position \***

**Referee 2 Organisation \***

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**Referee 2 Phone Number**

\*

Must be an Australian phone number, please include area code, for example 02 9819 1000

**Referee 2 Email**

\*

Must be an email address

**Relationship to Child**

\*

**Referee 2 Referral Letter**

\*

Attach a file:

Any other information

**Is there anything else that you would like to tell us about your child, your family, or your request?**

**Is there any other document you would like to include with your request?**

Attach a file:

## Consent Details

\* indicates a required field

### Consent

Please note that your answers have no bearing on the outcome of your application.

**I / We give consent for Variety to generate publicity through print and electronic media, and / or request to participate in a presentation, should this application be successful. \***

☐ Yes

☐ No

**I / We would like to join Variety's mailing list, to hear all of Variety's latest news. \***

☐ Yes

☐ No

### Referral

**How did you hear about Variety?**

- ☐ Variety website
- ☐ Social media (eg Facebook, Instagram etc)
- ☐ Press (eg newspaper, radio, etc)

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- ☐ Referee (eg Therapist, Doctor, etc)
- ☐ Word of mouth
- ☐ School
- ☐ Other:

### Checklist

Please tick boxes to confirm your application is complete.

#### **Attached \***

- ☐ Quote(s) for item
- ☐ Two supporting letters
- ☐ Financial documents
- ☐ Government funding application (if applicable)

### Privacy Collection Statement

Your privacy is respected by Variety. The personal information you provide on this form (including sensitive information about your health or your child's health) will be used to assess your eligibility. It may be provided to organisations that assist us, or as required or authorised by law, but we will not use any of your sensitive information for marketing purposes, without your prior consent.

If you have any privacy concerns or would like to verify information held about you please contact Variety SA on 08 8293 8744.

By ticking below, you confirm that you have read and agree to Variety's guidelines.

Submission of this application to Variety does not expressly mean or imply that Variety has accepted your application. Variety is under no obligation, legal or otherwise, to process your application to a successful conclusion. Each application will be determined on its merits, and within Variety's funding guidelines. Variety is not liable for any loss or damage whatsoever upon your application being declined.

By forwarding this application to Variety, you acknowledge that any and all implied terms and conditions or warranties implied by law are excluded. You acknowledge on making this application that Variety has not made any representation, or given any promise or undertaking as to the fitness of any equipment or product(s) sought to be supplied to you in pursuant to this application. It is solely for you to determine whether the equipment or product being sought is fit for its purposes. Variety may arrange for the supply and delivery of equipment or a product, but it is neither the vendor nor the supplier of any equipment or product. Accordingly, Variety will not be responsible for any direct or consequential loss or damage arising or related in any way to this application or its subject matter.

**As Parent or Guardian, I consent to Variety collecting the information provided on this form. I have read and agree to Variety's guidelines. I understand that if I do not provide the information requested, I may be ineligible to receive assistance from Variety. \***

☐ Yes

**Date \***

# Individual Application

## Form Preview

Must be a date

If you need any assistance to complete this application please contact Variety SA on 08 8293 8744 or [grants@variety.org.au](mailto:grants@variety.org.au)