



Charlotte + Gwennyth
Gray Foundation

TO CURE BATTEN DISEASE

Please read the Scholarship Guidelines
carefully before completing this form.

Charlotte & Gwennyth's Building Blocks Scholarship Fund Application

Personal Information:

Parent/Caregiver Name: _____

Address: _____

Phone: _____ Email: _____

Child Information:

Name: _____ Date of Birth: _____ Age: _____

My child has been diagnosed with Batten disease CLN6: Yes No

Funding Requested For: (Check all that apply)

_____ Outpatient Therapies

_____ Equipment

_____ Developmental/Rehabilitation Programs/Intensives

_____ Aide/Nurse/Caretaker

_____ Other, please specify: _____

_____ Total \$ Amount Requested (Up to \$10,000)

1. Please provide additional details on each category checked above, including an anticipated amount of funds that will be expended for each category. If therapy, provide the type (speech, occupational, physical, etc.), frequency, and estimated costs. If program, provide the name, duration, and estimated costs. If equipment, provide the product type, benefit to the child, and estimated cost.

2. In 5-10 sentences, please briefly describe how you feel this award would make a difference in your child's life in terms of health, independence, and development.
3. Please describe any alternate funding sources have you researched and attempted (insurance, school district, etc.). What have been the results?
4. If applying to cover any therapy services, please provide a brief overview of any therapies your child currently participates in as well as the funding sources you currently receive for them.
5. If applying to cover equipment purchases, please provide a brief overview of the equipment your child currently possesses that you are seeking to replace or supplement (if any).

Please note that all information provided in the Scholarship Application will be reviewed by the Project Committee and used by the Foundation for the purpose of assessing the amount of and eligibility for the scholarship funds and related purposes. By submitting this application, you acknowledge that you are providing this information voluntarily and agree to the use and disclosure of this information for these purposes.

I certify that the information provided is complete and accurate to the best of my knowledge. I acknowledge that the Foundation reserves the right to verify any information provided in this application and that the Foundation may use the information provided herein for the purposes described above.

Signature: _____ **Date:** _____