



P.O. Box 1080, Bethel, CT 06801 203-743-1388 phone/fax
www.scottysfund.org

Dear Friend,

Please find the enclosed application from The SCOTTY Fund. Fill out the entire application and return it to the post office box above.

The SCOTTY Fund provides financial and family support to children with life threatening and critical illnesses. The SCOTTY Fund provides money for medical expenses, transportation and other ancillary costs associated with the illness, childcare for siblings during active treatment, or to enhance the quality of life of the sick child.

The SCOTTY Fund pays expenses to third parties. Please enclose a copy of any bills or statements you asking that we pay. The amount granted is dependent upon the need of the child and family. Please enclose a letter stating the need of your family.



The SCOTTY Fund, Inc.
PO Box 1080, Bethel, CT. 06801 203-743-1388 Phone/Fax

GRANT APPLICATION

Date _____

Child's name _____

Parent(s)/Guardian _____

Address _____

Phone _____

Child's Age _____ Birth Date _____ Male Female

Diagnosed Illness _____

Date Diagnosed _____

Brief Description of Treatment Required at this time or in the near future ____

Physician Name _____ Phone # _____

Physician's Address _____

Physician's Signature _____

Amount Requested \$ _____

Can The SCOTTY Fund help with meals or other family support? _____

Annual Income _____

Do you receive State Aid for this child? _____ What type? _____

Is there other money allocated for this child (Donations from anyone other than a relative, Assistance funds set up in your child's name, etc.) _____

I hereby affirm the above information is correct

Signature Parent/Guardian

FOR FUND USE:

Date Reviewed: _____ Granted: Yes No

Check # _____ Amount _____

Payable to _____ Date Mailed _____

Reviewed by: _____