



Institute on Development and Disability

Sidney & Lillian Zetosch Fund

Award By The Oregon Community Foundation

FUND PURPOSE

This fund was established with a gift to the Oregon Community Foundation from the estate of Sidney and Lillian Zetosch. The intent of this charitable fund is to help **Oregon's low-income children with special health needs succeed in school**. The Institute on Development and Disability utilizes these funds to purchase educational equipment for children who meet the criteria which is consistent with the fund's intent.

ELIGIBILITY

Oregon children ages 3-21 years qualify if they have a **diagnosed** disability or special health need that impacts their **education**. The child must be enrolled in school, Early Childhood Special Education or other preschool. The child's family must be considered **low-income** (see application questions below for details) and the equipment requested must specifically address educational need. *NOTE: Eligibility for special education is not sufficient to qualify if there is no diagnosed health or developmental condition.*

SELECTION CRITERIA

Awards are based on a number of factors, including need, geographic spread, and demand.

RESTRICTIONS

- Equipment is for educational needs only.
- Family members may not apply on behalf of their own children. The application must be completed by someone who works with the child in a professional capacity.
- Only specific equipment is available. (See "Equipment & Software" section below.)
- Professionals may apply on behalf of children who have received equipment before, if has been at least three years since the last grant.
- If K-Plan funds are available to purchase the equipment for a child with Developmental Disability Services, Zetosch funds will not be granted.

EQUIPMENT & SOFTWARE

Equipment is limited to Apple iPad, iPad Mini, apps, and cases. (EXCEPTION: MacBook Air laptops and software are available to children over 12 for whom a tablet does not meet the educational need.) The equipment will come with an AppleCare warranty and a protective case. All applicants get the same version of the equipment and cases. No phones or cellular-enabled devices will be purchased (Wi-Fi only).

REQUESTOR RESPONSIBILITIES

A professional who applies for Zetosch funds on behalf of a child agrees to have the approved equipment shipped to his or her work address, to give the equipment to the child's family, and to help the family get started with using it.

2025 APPLICATION INFORMATION

Sidney and Lillian Zetosch Fund

Award By The Oregon Community Foundation

Applications via the secure HIPAA-compliant online form will be accepted December 1 – December 31, 2025. This hyperlink will direct you to the online application. Please note, paper, fax or e-mail applications will not be accepted.

The online application hyperlink will not work before or after December. If funds are left over after December's application cycle, the application hyperlink will reopen February 2026. You are encouraged to e-mail Janet Tanney (tanney@ohsu.edu) or check the [Zetosch Fund web page](#) in January 2026 to see if applications will be accepted again in February.

It is easiest to complete the online application in one sitting. Below are all the fields that appear in the online application along with explanations.

FIELD	NOTES
Today's Date	<i>It is easiest to click the "today" button.</i>
REQUESTOR INFORMATION <i>The "Requestor" is the professional who is applying for the equipment on behalf of the child.</i>	
Last Name	
First Name	
Job Title	
Professional Relationship to Child	<i>For example, is the requestor the child's teacher, physical therapist, doctor, etc.? Family members may not apply on behalf of their own children.</i>
Work Phone	
Cell Phone	<i>Optional, but it can sometimes be helpful. It will not be shared.</i>
Email Address	<i>Double-check this for accuracy.</i>
Backup Professional Contact	<i>The name, phone, and email of someone at the same workplace who can complete the grant process if the requestor is unavailable.</i>
REQUESTOR SHIPPING INFORMATION <i>Equipment will be addressed to the requestor, followed by the child's initials, as follows: John Q. Requestor for AZ, John Doe Elementary School, 123 Main Street, Townville, OR 99899</i>	
Place of Employment	
Street Address	<i>No PO Boxes. Street address only.</i>
City	
Zip Code	

CHILD INFORMATION <i>This is the person who will receive the equipment.</i>	
Child's Last Name	
Child's First Name	
Date of Birth	
Diagnosis #1	<i>The child must have a diagnosed health condition. Mental, behavioral, and developmental health diagnoses qualify, as do physical conditions. A qualification for special education is not sufficient without a diagnosis.</i>
Diagnosis #2	<i>Optional.</i>
Child's County of Residence	<i>Must reside in Oregon.</i>
EQUIPMENT INFORMATION	
Device & Warranty	<i>Choose one: iPad or iPad mini. 13" Macbook Air laptops are available for children age 12 and older, if an iPad does not meet the need. An Applecare warranty is purchased for every device.</i>
Apps	<i>Up to five apps may be requested, for a maximum of \$350. Enter the name of each app and the price. Do not include free apps. Apps are fulfilled with an iTunes gift card in the amount of the requested apps. For laptop software requests, use the app fields to enter software name and price.</i>
Protective Case	<i>Each device (with the exception of laptops) automatically comes with a durable protective case. The case will ship separately.</i>
JUSTIFICATION AND SUPPORTING INFORMATION <i>There are no character limits in these sections.</i>	
How does this child's health condition impact his or her education?	<i>For example, does the child have a mobility challenge that impairs doing written work, a communication delay that impairs speaking, etc?</i>
How will the requested equipment help address this child's educational needs?	<i>Explain specifically how the equipment addresses the child's educational needs. The quality of the answer matters more than its length. There is no option to attach documents, but it is okay to copy and paste relevant sections of pertinent evaluations or reports.</i>
Does this child receive Developmental Disabilities services? If yes, please explain why K-Plan funds are not being used to purchase this equipment. (Preference goes to children who do not have an alternative funding source.)	<i>Oregon children who receive services from a Community Developmental Disabilities Program are typically eligible for K-Plan funds if they need an iPad as a communication device. The purpose of Zetosch funds is strictly to address educational needs.</i> <i>NOTE: If you do not know whether K-Plan funds are available to purchase this child's equipment, please have the child's family ask their CDDP caseworker.</i>
Additional Information for Zetosch Committee	<i>This field is optional. If there is something about this child's situation that the committee should consider, and if that information has not come out anywhere else in the application, it can go here.</i>

REQUESTOR SIGN-OFF

Check "yes" in answer to each of the following before signing off on the application at the end.

To the best of your knowledge, is this child's family unable to afford this equipment? (Indicators may include: receiving public assistance; eligible for public health insurance; insecure housing, food, transportation, or health care. etc.)	<i>The requestor is not expected to verify the family's income or expenses. We rely upon requestors using their best judgement based on their knowledge of the child and family. This resource is intended for children who would not otherwise have access to the equipment.</i>
With your electronic signature, do you confirm that the information you have provided is true to the best of your knowledge?	
With your electronic signature, do you confirm that the child's parent or guardian knows that you are applying for equipment on the child's behalf?	<i>The proper use of the equipment requires a partnership between the child's family and the professional who is applying on the child's behalf.</i>
With your electronic signature, do you confirm your understanding that any equipment awarded will belong to the child/family, and will not belong to you or your employer?	
With your electronic signature, do you agree to give any awarded equipment to the child's parent/guardian personally, and to help them as needed to start using equipment for its intended purposes? (Please use an interpreter if one is needed.)	<i>Families may need help launching the device, establishing an Apple ID and an iTunes account, and downloading the apps. Children might need help learning to use the apps.</i>

If it is not possible to complete the application survey in one sitting, requestors are issued a code to retrieve and complete the application later. **Keep a record of this unique code!**

Requestors will receive an immediate email confirming receipt of the application and another email in December with the status of the application.

Questions

Janet Tanney, Zetosch Fund Coordinator

Institute on Development and Disability

E: tanney@ohsu.edu

T: 503-494-0102