

## Scholarship Information and Application

Courage Kenny Rehabilitation Institute offers a reduction of 100% off the cost of one session of ABLE (first 3 months) with opportunity for renewal of scholarship of 100% for one additional 3-month program with ABLE. This reduction in costs is made possible by generous donations to the Allina Health Foundation in support of Courage Kenny Rehabilitation Institute Community Services and the ABLE program.

Scholarships are awarded up to two times per lifetime and can be applied to one individual per household. Funds are granted based on fund availability. To be awarded a grant from the ABLE Scholarship Fund, an applicant, and all adults included on their tax statement residing with him or her, have a combined federal adjusted gross income at or below 400% of the Federal poverty guidelines. Federal poverty guidelines are adjusted annually to reflect any adjustments. Assets and liabilities will also be considered in the grant determination.

### How to Apply for an ABLE Scholarship

1. Complete the form on the other side of this document.
  - Answer all questions on the application completely.
  - If you are filling out this application for a dependent and you claim them as a dependent on your taxes, then their application must reflect your financial information.
2. Provide copies of your proof of income along with your completed form. Acceptable documents are:
  - The most recent copy of federal income tax return.
  - A copy of paycheck stubs for employed household members or letters of salary from employers.
  - A current Medical Assistance card or a copy of the grant letter issued for social security, general assistance, or other governmental grant programs.
  - A copy of the Medical Assistance disqualification letter, if not on Medical Assistance.
  - A copy of the last bank statement including investments, savings accounts, and value of stocks and bonds.

If there is no current income verification or unapproved documentation of income you will not be eligible for the scholarship program.

- Please note that Courage Kenny Rehabilitation Institute can only help to meet the cost of services provided through Courage Kenny Rehabilitation Institute's programs.
  - We recommend that you do not submit originals of documents, since we keep these documents for our records.
  - Scholarship dollars are non-refundable.
3. Submit your completed application and copies of your proof of income by:
    - Turning it into ABLE Provider Coordinator
    - Return in a provided self-addressed envelope OR mail to:
    - Fax it to ABLE

ABLE Program Courage Kenny Rehabilitation Institute  
3915 Golden Valley Road  
Golden Valley, MN 55422  
Mail Route 78434

612-262-6733

Please allow at least one week for your application to be processed. Once your application has been processed you will receive a call or email notifying you of your status. No discounts can be applied until your application has been processed and no retroactive reimbursements will be given.

**Do you have questions? 612-775-2200 or email [ABLE@allina.com](mailto:ABLE@allina.com)**



**PARTICIPANT INFORMATION**

Name (First) (Middle) (Last) Date of Birth Phone #

Address (Street) City State Zip

Email address

**INCOME INFORMATION**

**PRESENT FAMILY FINANCIAL SITUATION**

Family's gross income (before taxes or withholding) Number in household: \_\_\_\_\_

Expected Annual amount	
Last year's annual amount based on most recent tax return documents	

List the household members or individuals dependent upon household income.

Name	Date of Birth	Relationship

Other income (rental income, tips, jury duty, severance pay, royalties and honoraria, alimony, annuity, pension payments, worker's comp. etc.) \_\_\_\_\_

**SIGNATURES AND ASSURANCES**

I understand that:

1. The information in this summary is private and will not be released outside of Courage Kenny Rehabilitation Institute without my express consent.
2. All statements made on this summary are true and correct to the best of my ability. Any falsified statements will result in immediate termination of the scholarship program.
3. It is my responsibility to notify Courage Kenny Rehabilitation Institute of changes in income or family status during the period of eligibility, which is 12 calendar months from approval date, at which time you will be required to reapply.
4. Applicants are under no obligation to provide the requested information; however, incomplete applications may result in delay or a denial of the application. Information is collected and stored under the rules set forth by the Minnesota Data Privacy Act.

Signature (relationship if not signed by client)

Date of Application

OFFICE USE ONLY: Date Reviewed: \_\_\_\_\_ Approved by: \_\_\_\_\_ Approved %: \_\_\_\_\_ first/second

Confirmation Sent: \_\_\_\_\_