

Sports & Recreation Cost Share Application

Courage Kenny Sports & Recreation department is able to provide cost shares/scholarship because of generous donors and the Courage Kenny Foundation. All cost shares are given based on financial need. Courage Kenny Sports & Recreation cost shares will only cover a portion of the fee. If you are approved for a cost share, that discount will apply to all Courage Kenny Sports & Recreation activity fees for 1 year.

PARTICIPANT HOUSEHOLD DEMOGRAPHIC AND FINANCIAL INFORMATION

I request Courage Kenny Rehabilitation Institute to determine if I am eligible for a scholarship to help pay for Sports & Recreation activities. I understand that I am required to give certain financial information. I also understand that Courage Kenny Rehabilitation Institute or its agents may check the information for accuracy. I understand that filling out this form does not guarantee that I will receive this financial help.

1. **To aid with timely processing, we ask that you answer all questions completely.** If a question does not apply, put NA in the blank space to indicate that item does not apply to you.
2. **Proof of Income is necessary** to complete the application process. Please be sure to send proof of income/financial status in with your application. Needed are:
 - a) The most recent copy of federal income tax return. Please black out your Social Security #.
OR
 - b) OR current Medical Assistance card or a copy of the grant letter issued for social security, general assistance or other governmental grant programs.
3. Please note that Courage Kenny Rehabilitation Institute can only help to meet the cost of services provided through Courage Kenny Rehabilitation Institute's programs.
4. We recommend that you do not submit originals of documents.
5. If you have any questions about our process, do not hesitate to contact us at 612-775-2277.

SEND COMPLETED APPLICATIONS TO:

CKRSportsRecreation@allina.com

Fax: 612-262-6718

Mail: Courage Kenny Sports & Recreation

3915 Golden Valley Rd, MR 78434

Golden Valley, MN 55422

SPORTS & RECREATION COST SHARE APPLICATION

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Applicants are under no obligation to provide the following 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 MN Data Privacy Act.

Participant Name (<i>First & Last</i>)					
Address					
City		State		Zip Code	
Phone		Email			

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	\$

Do you have Medical Assistance? Yes No Patient MA Number: _____ Effective Date: _____

***Include proof of income/financial status; see cover letter for requirements

Additional information and activities are you interested in:

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 cost share program.
- 3 It is my responsibility to notify Courage Kenny Rehabilitation Institute of changes in income or family status during the period of eligibility.

Signature (relationship if not signed by client)

Date of Application

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 3915 Golden Valley Rd, Golden Valley MN 55422

Office Use Only

Date Reviewed _____ by _____

_____ % Approved

___ Entered in CK Active by _____

___ Sent Confirmation