

# COST SHARE APPLICATION

## CLASS/ SESSION FEES

- To request financial assistance with fees, please complete this cost share application.
- Financial assistance will be no greater than 40% of any program fee.
- Questions regarding registration fee or payment, please contact the Program Planner listed in the Class Registration Page or Courage Kenny Sports and Rec Department at phone: 612-775-2277, email: [ckrisportsrecreation@allina.com](mailto:ckrisportsrecreation@allina.com)

## PARTICIPANT INFORMATION

Name of Participant \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

## FINANCIAL INFORMATION

Family adjusted gross income for previous tax year \$ \_\_\_\_\_  
(from Line 37 – IRS 1040 or Line 21-IRS 1040A or Line 6-IRS 1040EZ)

Number of all household members during previous tax year: \_\_\_\_\_

## CLASS/SESSION INFORMATION

Name of the Class or Session you are registering for: \_\_\_\_\_

Cost of Class or Session \$ \_\_\_\_\_

Amount you are able to pay \$ \_\_\_\_\_

I certify that the above information is true and accurate. If requested, I will provide verification of income.  
Signature of participant (or parent/guardian if participant is a minor)

**NAME:** \_\_\_\_\_

**DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please send completed application and Class/Session registration form to:**

Courage Kenny Rehabilitation Institute  
Sports and Recreation  
3915 Golden Valley Road  
Minneapolis, MN 55422

Attn: Sports and Recreation

Or fax to 612-262-6718 Email: [CKRIsportsrecreation@allina.com](mailto:CKRIsportsrecreation@allina.com)