



## SCHOLARSHIP FORM

Please complete when requesting  
A reduced registration fee

### FINANCE INFORMATION

**APPLICATION FEE (\$25)** *Fee must accompany this completed form in order for application to be processed.  
This fee will be applied to your registration fee.*

My check for \$25 is enclosed

### SESSION FEES

- Courage Center must receive your session fee one week prior to the first day of the program. *The exception is Ski and Snowboard –this program has limited availability and is done on a first come, first serve basis.*
- If you cannot pay all or part of the session fee, please complete the next section of this form. If you want to request a special payment plan, or if you have any questions regarding payment, please call Mark Hanna at Courage Center Duluth 218-726-4834 or [mark.hanna@couragecenter.org](mailto:mark.hanna@couragecenter.org)

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**PARTIAL SCHOLARSHIP** –complete this section if you are unable to pay all or part of the session fee

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

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

Phone Number/email \_\_\_\_\_

Family adjusted gross income for 2010 \_\_\_\_\_  
(from Line 37 – IRS 1040 or Line 21-IRS 1040A or Line 6-IRS 1040EZ)

Number of all household members during 2010: \_\_\_\_\_

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

Class Session fee = \$ \_\_\_\_\_

Amount you *are able to pay* for Class Session =\$ \_\_\_\_\_

Describe any special circumstances you would like Courage Center to consider:

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)

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Name

Date

**SEND THIS FINANCE FORM ALONG WITH COMPLETED PROGRAM REGISTRATION FORM AND \$25.00 TO:  
Courage Center Duluth, 200 Ordean Building, 424 W Superior St, Duluth MN 55082**