



Courage Center Scholarship Application

Please complete this application and mail in along with your registration packet to: Courage Center Sports and Rec,
3915 Golden Valley Rd, Golden Valley MN 55422

Scholarship Applicant: _____

Address _____

City _____ State _____ Zip _____

Phone _____ **E-mail address** _____

If under 18 yrs old: Name of Parent or Guardian _____

Address _____

City, State, Zip _____

Phone _____ E-mail address _____

Please briefly explain why you are requesting this scholarship?

Program/Session Name and Location _____

Program/Session date _____ to _____
Month/Day/Year Month/Day/Year

Program /Session Cost _____

What amount of the Program/Session cost are you able to pay? _____

Total scholarship amount requested? _____

Scholarship Applicant Name (please print) _____

Signature _____ Date _____

Please complete this form and your registration packet: mail to
Courage Center Sports and Recreation-Scholarships
3915 Golden Valley Road
Golden Valley, MN 55422