



Carrie Tingley Hospital Foundation Cloud Dancers Scholarship Application

The Foundation has limited funding available and will notify Cloud Dancers of approved applications. The program scholarship is to assist with the cost of this program only. The Foundation does not provide the services of this program. If you have any questions on this application, please call the Foundation Office at 505-243-6626. *For additional information visit: www.carrietingleyhospitalfoundation.org*

Be sure to read and sign this agreement.

_____	_____	_____	_____
Child's Name	Date of Birth	Age	Gender (M/F)
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Parent/Guardian Name(s)	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____
E-Mail Address			

Disability/Diagnosis _____			

Carrie Tingley Hospital Patient? *Present* *Past* *NO*

Half Scholarship: \$155 + application fee if applicable.

The remaining balance for the session will be due directly to Cloud Dancers.

The Carrie Tingley Hospital Foundation's first priority is to special needs children, 21 years or younger, of Carrie Tingley Hospital, giving special consideration to any child with special needs to take part in this program. The scholarship sponsors half the cost of this program/session. ***If you are in need of a full scholarship for your child, please call Valarie Higgins at the Foundation Office at 243-6626.***

WAIVER

(Must be signed to participate in our scholarship program)

For and in consideration of the sponsors of this program, I the undersigned, myself, my heirs, successors, and/or assignees, agree to release and forever discharge the organizers, officers, employees, agents, and assignees of the Carrie Tingley Hospital Foundation, from any and all liabilities, demands, or claims for loss or damage resulting from an injury or damage which may be sustained arising out of my participation in this program. Entry in, participation in or attendance at this program constitutes permission to be photographed for possible public, promotional, fundraising or media purposes and constitutes a waiver of any and all claims for compensation from all sponsoring agencies including the Carrie Tingley Hospital Foundation.

Parent/Guardian (if child is under 18)

Date