

**ARTHRITS FOUNDATION  
NORTH CENTRAL CHAPTER  
EXERCISE PROGRAM  
SCHOLARSHIP FORM**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Where are you taking Arthritis Foundation class? \_\_\_\_\_

Class Start Date: \_\_\_\_\_

Class End Date: \_\_\_\_\_

Cost of Class \$ \_\_\_\_\_

Amount Paid by You \$ \_\_\_\_\_

Amount you are requesting from the Arthritis Foundation \$ \_\_\_\_\_

*Please note: Scholarships will not be granted unless BOTH the participant and the site coordinator sign this application.*

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Site Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return completed form to:

Arthritis Foundation North Central Chapter  
Exercise Programs  
1902 Minnehaha Avenue West  
St. Paul, MN 55104