



Carrie Tingley
HOSPITAL FOUNDATION

Program Scholarship Application

Scholarships are considered for children who are patients of Carrie Tingley Hospital and/or children with permanent physical disabilities residing in New Mexico. Completion of this application does not guarantee approval. In the case of special circumstances, please call the Carrie Tingley Hospital Foundation at 505-243-6626.

Application(s) must be completed with program provider and submitted **prior** to program session.
One application per child

Which program are you applying for? _____ Session dates: _____

½ scholarship – Amount Requesting \$ _____ Full scholarship? Please call the Foundation office.

Child's Name _____ Date of Birth _____ Age _____ Ethnicity _____ Gender (M/F) _____

Address _____ City _____ State _____ Zip Code _____

Parent/Guardian Name(s) _____ Home Phone _____ Cell Phone _____

E-mail Address _____

Carrie Tingley Hospital Patient (circle one)? Presently In the Past Never

Diagnosis? _____

Which program/s would you like information on?

- Wheelchair Basketball Adaptive Horseback Riding Adaptive Swim
- Adaptive Sled Hockey Adaptive Dance Adaptive Yoga Adaptive Cycling
- Adaptive Summer Camp Other (please indicate)
- Fishing Archery

Parent/Guardian Signature _____ Date _____

Office use only:

Approved: Yes No ½ Scholarship Full Scholarship Date _____ Initial _____

Notes:

Photograph Release Form

I grant permission to Carrie Tingley Hospital Foundation, a non-profit to use photographs taken of me on the date listed below for use in publications such as brochures, newsletters, and magazines, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on websites or other electronic form or media.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arises from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless Carrie Tingley Hospital Foundation, its agents or employees, including any firm publishing and/or distributing the finished product in whole or part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Child' Name (please print): _____

Signature: _____

Consent for Minor (under 18 years of age)

I am the parent or legal guardian of the minor named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Parent/Guardian Signature

Date