

KIDS WITH COURAGE

Keeping Dreams Alive!

"TEAM COURAGE" APPLICATION FORM

KIDS WITH COURAGE is a 501 (c) 3 not-for-profit foundation.

Contributions are tax deductible. Tax ID 20-5182362

If returning by mail, please return this form to:

KIDS WITH COURAGE

P.O. Box 7034

Lee's Summit, MO 64064-7034

816.478.0253

Sponsored by The KIDS WITH COURAGE Foundation, Team Courage is exclusively for children and young people with Type 1 diabetes who intend to get the most out of their opportunity of life, despite the difficulty and challenges that Type 1 diabetes brings. To be eligible for educational awards/scholarships, or any future programs that the foundation offers, an application is required. Complete the Team Courage Application Form (download from this site, or call 816.478.0253 to request an application), enclose your \$10 fee, and mail it to address shown above. Join today. You'll be glad you did! KIDS WITH COURAGE is a not-for-profit foundation whose purpose is to help make the world a better place for the children and families that are affected by Type 1 diabetes.

ABOUT YOU		
Name: First, Middle, Last		
Home Address:		
City:	State:	Zip:
Family E-mail: May we send correspondence via email, on occasion? Yes No	Home Phone:	Sex: M F (Please circle) Age: ____ Date of Birth: ____/____/____
School: Grade:	Date diagnosed with Type 1 Diabetes	Are you on an insulin pump? Yes No
Diabetes Team—Doctor Name Address City, State, Zip Phone	Diabetes Team—Clinic/Hospital Name Address City, State, Zip Phone	
For you, what is the worst part about having Type 1 Diabetes? (Attach another sheet if necessary)		
Hobbies and interests:		
FAMILY INFORMATION		
No. of family members:	Fathers Name: First, Middle, Last	Mothers Name: First, Middle, Last
	Fathers Employer:	Mothers Employer:
	Fathers Work Phone: Fathers Cell Phone:	Mothers Work Phone: Mothers Cell Phone:
Children with Type 1 Diabetes are remarkable as they continually triumph despite adversity. Their strength can be an inspiration to many. One of our goals is to increase public awareness about Type 1 Diabetes and help build better futures for our Kids With Courage. Please list the names and addresses of 3 relatives, neighbors or friends whom we could share information with.		
Name	Name	Name
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
"TEAM COURAGE" ANNUAL MEMBER FEE (PLEASE MAKE CHECK PAYABLE TO KIDS WITH COURAGE)		\$ <u>10.00</u>
* OPTIONAL Gift Contribution:* \$30 \$50 \$100 \$500 Other \$ _____		\$ _____
<input type="checkbox"/> Please charge my credit card for \$ _____ <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Credit Card Number _____ Expiration _____ Name on Card _____ Signature _____		Total Amount Enclosed \$ _____