Frazier Rehab Institute
Community Fitness and Wellness (CFW) Scholarship Program

Applications for **Oct 2 – Dec 29, 2023**, are due **Friday, September 15, 2023**

**Funding is limited.**

- **Assistance is for 3 months**, and should not be relied upon beyond that period.
- Assistance will be available on a sliding scale based on need. Need is determined by household size and income, and assistance will range from 100% to 25% of fees.
- **VETERANS** with disabilities may apply regardless of household income and are eligible for one 3-month scholarship period of 100% FREE Gym membership and 1 intervention a week. Awards to veterans will be for one (3-month) scholarship period, and thereafter eligibility for additional scholarships will be determined by household income.

**People with the greatest need, who have never received services or assistance in the past, will receive the highest priority.**

**You must submit a complete Membership Application, including the doctor’s medical form, to receive scholarship assistance.**

Applicants **must have a disabling condition**, and must be willing to do the following:

- If you receive assistance for ONLY a Basic gym membership, come to the Community Fitness and Wellness gym, located at 250 E. Liberty Street, at least twice a week.

- Attend all scheduled sessions and follow the CFW cancellation policy including:
  - Cancel sessions by calling the CFW office at 502-583-7411 with plenty of notice; at the latest by 2:00 pm on the day before your scheduled appointment.
  - Provide notice and an adequate reason for missing the appointment (e.g., sickness, transportation problems).
  - Chronic failure to abide by cancellation policy and chronic tardiness may result in loss of assistance.

- Understand that **two (2) no show/no calls will result in the loss of assistance.**

I, _____________________, have read, and I understand, the information written above.

Print Name _______________________________   _________________________
Signature       Date

Submit (1) the completed 3-page Scholarship Application, and (2) the CFW Membership Application via mail to Frazier Rehab, 250 E. Liberty Street, Suite 100, Louisville KY 40202; email to CFW@uoflhealth.org; fax to 502-587-4512; or hand delivery to CFW gym at 250 E. Liberty Street. Call CFW office at 502-582-7411 with questions.
Frazier Rehab Institute Community Fitness and Wellness Program (CFW)  
Scholarship Program Eligibility Form, Agreement, and Affidavit

Member Name: ______________________________________________________________

Member Address: ____________________________________________________________  
City: ____________________ St: ___ Zip: ______

Phone number: _________________________ Email address: ______________________

How did you hear about CFW?: Frazier Rehab staff:__________ at which Frazier location?_________
Mailing/email__________ CFW member_________________; other:___________________(please specify source)

Scholarship application due: Friday, September 15, by 4:00 pm
Scholarship begin date: Oct 2, 2023  Scholarship end date: Dec 29, 2023

Assistance is provided on a sliding scale, based on need. You may receive 25% to 100% assistance depending on your income and household size.

I, _______________________( print your name), in consideration of receiving assistance with Community Fitness and Wellness fees, and intending to be legally bound, state and agree to the following:

1. Representations and Warranties. In order to receive assistance with CFW fees, I hereby represent and warrant to the CFW that:

a. I am a Veteran: ___YES ___NO (must have ID to verify).

b. My household includes (enter number of) _____ adults, and _____ dependents.

c. My monthly household gross income* equals __________________________

*Household gross income means the income of every person who will contribute to payment of fees in the member’s household (e.g. parents, spouse, etc), including earned income (wages or self emp) child support, gov’t benefits (social security, SSD, SSI), military family allotment, strike benefits, unemployment comp, workers comp, investment income (dividends, rental income, etc.), alimony, pension income, disability insurance, and VA benefits.

d. I pay out-of-pocket for personal care attendant $__________ per month.

f. I pay out-of-pocket for transportation costs, including Ky Assistive Tech loan payment for modified vehicle, $_______ per month.

e. There are _____ / are not_____ additional resources (for example, grant awards, gifts from family, friends, etc.) that are available to assist me with membership fees? ______

2. I agree to repay any and all assistance received if I have knowingly and materially provided false information.

______________________________________  _________________________  
Member signature      Date
AFFIDAVIT OF MEMBER OR MEMBER’S GUARDIAN

I, ___________________________, have personal knowledge of the information provided on the foregoing page entitled Frazier Rehab Community Fitness and Wellness Facility’s Membership Assistance Program Eligibility Form, Agreement, and Affidavit, and I affirm under penalty for perjury that all of the foregoing information regarding my (or my ward’s) household size and gross income is true as of the date provided.

____________________________  _________________  
Member or Guardian’s signature  Date

Assistance is offered on a sliding scale (25% – 100% of fees), based on income, unless you are a veteran in your first scholarship period. It will cover ONE activity a week (or basic gym membership, if you don’t want to do an activity). Please indicate your choice below.

(CHOSE ONLY 1 OPTION):

___ Please contact me to provide more information about the available activities so I can choose.
___ Guided Exercise (60 minutes, 1-on-1 with trainer). Includes basic gym membership.
___ Functional Electrical Stimulation (FES) Cycling – Legs (90 min. incl. set-up). Includes basic gym membership.
___ Functional Electrical Stimulation (FES) Cycling – Arms (60 min. incl. set-up). Includes basic gym membership.
___ Neuromuscular Electrical Stimulation (NMES) w/activity (60 min). Includes gym membership.
___ Only basic gym membership: independent use of gym during business hours (Mon – Fri).

What days (M-F) and times (betw/8-4:30) do you prefer? _______________________________

Your exercise package will be finalized only after a conference with the CFW staff person in charge of the scholarship program, and only if all membership application information is provided, and there are no outstanding unpaid fees.

Applications Due:  Fri, Sept 15, 2023

A Complete CFW Membership app including medical release, must be submitted along with Scholarship Application.

Submit (1) the completed 3-page scholarship application, and (2) the CFW Membership Application via mail to Frazier Rehab, 250 E. Liberty St., Ste 100, Louisville KY 40202; or email to CFW@uoflhealth.org; or fax to 502-587-4512; or hand delivery to CFW gym at 250 E. Liberty Street, Suite 100. Call CFW office at 502-582-7411 with questions.

Administrative Use Only
Application Received on: ___________