



# REC AND FIT SCHOLARSHIP

## Request Form

### Applicant Information

Name (Last)		(First)	(Middle Initial)
Address			City
State	Zip code	Email Address	
D.O.B.		Mobile Phone	Home Phone

May CDBF provide you with updates and/or mailings?  YES  NO

Are you an adult applying on behalf of a minor?  YES  NO

### Complete the section below if the applicant is a minor

Guardian's Name (Last)		(First)	(Middle Initial)
Relationship to Applicant		Email Address	Primary Phone

Do you authorize CDBF to publicize your child's photo?  YES  NO

Parent/Guardian Signature \_\_\_\_\_

### Media Release (Optional)

I give permission to the Cody Dieruf Benefit Foundation [CDBF] to publicize my photographs, application responses, and other forms of communications for marketing and outreach purposes. I understand these purposes may include physical publications in print advertising, appeal letters, flyers, and/or brochures as well as digitally on our website and social media accounts.

Applicant/Guardian Signature \_\_\_\_\_

If you do **not** want to share your photographs and statements with CDBF for marketing and outreach purposes, do not sign the above release. We may still request photos and statements from you, but this content will not be publicized without express consent.

**Activity Information**

If you are applying for an activity such as sports or classes, please complete the section below. Be as specific as possible so that we may accurately process your request.

Program Name		Start Date	Total Duration
Contact Person		Contact Email	Contact Phone
Cost	Address	City	Zip code
Emergency Contact Name		Relationship	Phone Number
Address		City	State Zip Code

**Product Information**

If you are applying for a product, such as exercise equipment, please complete the section below.

Product Name	Cost
Product Description	
Website (If Applicable)	

**Photograph**

Please attach a recent photograph of yourself or the applicant. Use the space below to briefly describe the image. If you have received a REC & FIT scholarship in the past, please include a photo related to that award.

Digital copies of images are preferred. Please email them to [pam@breathinisbelievin.org](mailto:pam@breathinisbelievin.org) with your name in the subject line.

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**In roughly 500 words, please describe how this scholarship will benefit you**

You may describe how you believe your request will improve your ability to manage your cystic fibrosis or mental health. Why did you choose this request?

You may also describe how your previous exercise has improved your lung function, and if you believe this request will improve your strength, confidence, and overall sense of fulfillment. You may also attach your writings to this application, instead.

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**Physician Information**

The physician’s form can be downloaded at [breathinisbelievin.org/apply/rec-fit](http://breathinisbelievin.org/apply/rec-fit)

Physician’s Name		Physician’s Email	
Phone Number	Address		
City	Zip Code	CF Care Center	

I have attached a completed physician’s form to this application.

**Contract of Agreement**

Please read and initial each of the statements below. Upon agreeing to these conditions, please sign the bottom of the page.

\_\_\_\_\_ I understand I am undertaking the activities requested in this application under my own (child’s) risk and will not hold CDBF nor any of their partners liable for any injury or negative health impact related to this activity.

\_\_\_\_\_ I understand the spirit of these funds is to help improve my lifestyle, which includes my physical, emotional, and social well-being. I will do my best to use this scholarship to improve my life, and to use it toward on-going activities that I believe to be beneficial to my health.

\_\_\_\_\_ I will not sell, trade, or profit from any goods or services rendered from this scholarship.

\_\_\_\_\_ I will update CDBF with any contact information changes such as my address, email, or phone number.

*Under penalty of perjury, I affirm that I have read and agree to the above statements.*

Applicant/Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Contact Information**

Applications can be submitted via mail to the address:

PO BOX 7361, BOZEMAN, MONTANA 59771

or via email to [pam@breathinisbelievin.org](mailto:pam@breathinisbelievin.org).

If you have questions, comments, or concerns regarding this scholarship you can use the above email or reach us via phone at (406) 539-7612.