

Edina Challenge Ready-Set-Connect Application
[Date: _____]



Organization: _____

Organization website: _____

Contact Name: _____

Title (if applicable): _____

Contact email: _____ / Phone: _____

Sign up open/close dates: _____ / _____

Season beginning/end dates: _____ / _____

Scholarship funds available for access via Connect / Per child: _____

Other costs/considerations not covered by scholarship funds (approx.). Please provide information on items the child would need *not covered* by scholarship funds (e.g. team assessment, warm-up suits, hotel stays, shoes, etc.)

How will your organization process ConnectCodes? (e.g., use as coupon code or a secondary entry, etc.)

Information your organization needs from Edina Community Foundation:

