
Courage Fund Application Form (2026.04.v1)

Section 1: Participant Information

| | |
|--|--|
| Full Legal Name | |
| Date of Birth | |
| Minor (Y/N) | |
| Home Address | |
| Email Address | |
| Phone Number | |
| Relationship to Participant (if Parent or Legal Guardian is completing form) | |

Note: The parent or legal guardian will complete the application and receive the Courage Fund payment on behalf of the minor.

The Foundation will only request tax identification information (e.g., IRS Form W-9) if required to meet applicable tax reporting obligations. Please check the box to confirm.

I understand that I may be asked to provide tax information if required for compliance purposes.

Section 2: Study Information

| | |
|---|--|
| Name of Clinical Trial or Research Study | |
| Study Sponsor / Industry Partner | |
| Name and Contact of Study Coordinator | |
| Expected Date(s) of Qualifying Research Visit | |
| City and State/Country of Research Visit Location | |

Section 3: Qualifying Visit Confirmation

I confirm that this research visit requires travel away from home that creates a meaningful logistical or personal burden (e.g., extended visit).

Section 4: Enrichment Plan (Optional)

Brief description of how the Courage Fund may be used (e.g., “visiting the Natural History Museum with my child”)

Section 5: Certifications

By signing below, I certify that:

- The participant is currently enrolled in the research study identified above.
- The Courage Fund is not being requested as compensation for research participation.
- I understand that the Courage Fund is not contingent upon continued participation or completion of the study.
- I confirm that the requested stipend will be used in a manner consistent with the program’s enrichment purpose.
- I understand that this payment may be considered taxable income depending on applicable laws and circumstances.
- I acknowledge that the Foundation may request additional information if required for compliance purposes.
- I authorize the Foundation to collect and retain personal information for the purposes of administering this program, consistent with its Privacy Policy.

Participant Signature: _____ *Date:* _____

For Minors:

Parent / Legal Guardian Signature: _____

Printed Name: _____ *Date:* _____

**For questions about the Courage Fund, please contact us at:
contact@danonfoundation.org.**