



Affordable



Ownership

Good Harbor Hill Scholarship Application

Become an Owner for \$24 if you are a recipient of one of the following programs:

- Emergency Assistance
- Medicaid
- Social Security Disability
- Section 8 Housing
- SNAP/EBT
- WIC

Name* _____ Owner # _____

Phone Number* (____) _____

EmailAddress: _____

Mailing Address* _____

City * _____

State* _____ Zip Code* _____

I certify that I am a participant in one of the above programs for low income individuals and/or families.

Signature* _____

Date* _____

*required fields

Owners with scholarship equity who chose to terminate ownership will receive a refund, pursuant to Co-op bylaws, equal to their individual investment. Scholarship equity from terminated ownership returns to Cook County Whole Foods Co-op and is not transferable.

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