

Scholarship Application

Participant's Name: _____ Age: _____ Phone (h): _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother/Guardian: _____ Phone (h): _____ (w:) _____ Email: _____ Employer: _____

Father/Guardian: _____ Phone (h): _____ (w:) _____ Email: _____ Employer: _____

Status (check one): Single Married Divorced Other

Financial assistance is granted based on documented financial need and to the extent funds are available. These scholarships are made possible by private support. Assistance will be awarded without regard to ethnicity, creed, religion, disability, nationality, gender, sexual orientation, or any other status protected by law. All information will be kept confidential. In the chart below please circle the number of persons in your household; circle the applicable income limit listed under that household size. Total yearly income includes all sources of income for all members residing in the home.

EXAMPLE: If your household consists of two (2) people and your total yearly income is \$35,000, you would circle 2 persons in Row (2): Equal or less than \$35,025.

► **Therapeutic Riding Program Fees based on a 12-week semester: \$ 540**

► **Equine Facilitated Psychotherapy (EFP) Fees: \$100 per treatment**

	Number in Household						Therapeutic Riding Program		EFP
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	PER 12 WEEK SEMESTER YOU PAY	PER 6 WEEK SEMESTER YOU PAY	PER TREATMENT YOU PAY
1. Income equal to or less than:	\$21,600	\$27,400	\$33,200	\$39,900	\$44,800	\$50,600	75% SCHOLARSHIP = \$135	75% SCHOLARSHIP = \$67.50	75% SCHOLARSHIP = \$25
2. Income equal to or less than:	\$28,250	\$35,025	\$41,950	\$47,400	\$52,325	\$57,275	50% SCHOLARSHIP = \$270	50% SCHOLARSHIP = \$135	50% SCHOLARSHIP = \$50
3. Income equal to or less than:	\$34,900	\$42,500	\$47,850	\$55,800	\$61,800	\$64,075	15% SCHOLARSHIP = \$459	15% SCHOLARSHIP = \$229.50	15% SCHOLARSHIP = \$85

Participants awarded a scholarship are eligible to receive one (1) scholarship per family covering up to two (2) twelve (12) week and one (1) six (6) week semesters. Scholarships are applied for at the beginning of each new year. Attendance and participation will affect the eligibility of scholarships. All scholarships are subject to the approval of the Scholarship Committee.

ALL INFORMATION FURNISHED HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Parent/Guardian Signature: _____ Date: _____

In order to qualify, please attach copies of your most current Federal Tax Return showing Adjusted Gross Income.