



### SCHOLARSHIP APPLICATION

NOTE: All information must be completed in order for the application to be eligible for consideration.

Return completed applications to Horses Help Program Director and/or [scholarships@horseshelp.org](mailto:scholarships@horseshelp.org). Full year scholarship deadline is July 15th. Secondary applications will be reviewed again prior to the January session.

Person completing the form: \_\_\_\_\_

Best contact number in case of questions: \_\_\_\_\_

#### **Participant Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Current or past rider? \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (c) \_\_\_\_\_

Email: \_\_\_\_\_

#### **Family Information:**

Father's name: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Number of dependents living at home with diagnosis: \_\_\_\_\_

Federal adjusted gross income (AGI) for last year per form 1040 line 11. Please attach page 1 of your most recent 1040. (Please mark out your social security numbers): \_\_\_\_\_

Total members in your household: \_\_\_\_\_

**Other Information:**

Is the participant eligible for funds from other sources (such as ESA, other scholarships, etc.) to cover riding fees? If so, what portion of the program fees will the funds from other sources cover?

Does the applicant participate in any other sport or after-school activity? If so, please specify:

Has the rider received a scholarship from Horses Help in the past? (circle one) YES NO

**Questions: (please respond to each)**

How do you think this program will benefit the child/dependent?

Why do you think your child/dependent should be awarded this scholarship?

Why does your participant need this scholarship?

**Is there is anything else you would like to share with the committee?**

By submitting this application, you agree to the following:

	Initial Below
All the information is true and correct to the best of your knowledge. Because of requirements of some of our grantors, you may be asked to provide documentation for any of the information provided on this application.	
Scholarship recipients are expected to attend their lessons. Recipients having more than two unexcused absences may forfeit the remainder of their scholarship funds and may not be eligible for scholarships in the future.	
Scholarships are offered for up to 75% of one ride year only. The balance of the program fees are due at the beginning of each six week session. Failure to pay these fees may result in the forfeiture of future sessions' scholarship funds.	
<b>Please indicate your preference:</b>	<b>YES or NO</b>
Do you consent to your participant's photograph to be used in Horses Help brochures, website, social media, or other materials?	
Do you consent to some non-confidential information being provided to the scholarship donor in our final report, such as a photograph or the essay questions on the application?	

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_