



Scholarship Application

Client Name: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Please select if you are applying as: Parent/Guardian or Independent Student

If you selected Parent/Guardian, answer the following:

Number of children in the household: _____ Ages of children: _____

Number of adults in the household: _____

Financial Resources - Must be completed to be considered for funding.

If you are an independent client, are you claimed as a dependent on another's tax return? Y/N

- If you answered yes, please complete the following based on the information of the individual that claims the applicant.
- If you answered no, please complete the following based on your personal information.

List the monthly amount received from each of the following sources for all that apply:

Wages	Savings
Social Security	Unemployment Insurance
Disability Payments	Child Support
Medicaid	Spousal Support
Temporary Assistance for Needy Families	Retirement/Pension
General Assistance	VA Benefits
Insurance Benefits	Other

You must include a copy of your most recent Federal Tax Return and W-2's, if applicable. The scholarship application will not be reviewed until all documents have been submitted.

Scholarships are awarded annually, and you must apply every year. If awarded a scholarship, you may use it towards an 8-week session of Therapeutic/Adaptive Riding or HEARTS, twice per year.

I certify that the information provided is correct to the best of my knowledge.

Signature of Applicant/Parent/Guardian

Date