

Partners Therapeutic Horsemanship, Inc.

Scholarship Program Guidelines

1. Partners Therapeutic Horsemanship, Inc. offers tuition scholarships to make therapeutic riding available to all riders who would benefit from the program. Scholarships are based on financial need.
2. Final determination of scholarships is based on, the demonstrated financial need and the funds available at that time. The amount available may vary from quarter to quarter.
3. A scholarship form must be completed by the registration deadline for the quarter for which it is requested. *All requested information must be provided.* All information is kept confidential.
4. Partners Therapeutic Horsemanship, Inc. scholarships may not be used to replace or supplement any other funds available to the rider such as Division of Developmental Disabilities (DDD). They are to be used only when no other sources of funds are available.
5. Please be sure to indicate how much financial assistance you are requesting by writing the amount in the space provided.



**PARTNERS THERAPEUTIC HORSEMANSHIP, INC.
SCHOLARSHIP FUND
FINANCIAL AID APPLICATION**

- New Requests: Initial application may be submitted at any time. Please allow 30 days for Scholarship Committee to review application.
- Renewal Requests: Complete applications are required to be filed annually and are due by July 31st.
- ALL INFORMATION PROVIDED WILL BE HELD IN STRICTEST CONFIDENCE.

Name of Rider _____ Date of Request _____

Have you applied before? Yes _____ No _____

Are other members of your family applying for financial aid from Partners?

Yes _____ No _____

If yes, who? _____

Information requested below applies to Parent/Guardian or Adult Rider.

Name _____ Phone-Home _____ Work _____

Spouse _____ Phone-Home _____ Work _____

Address _____ City _____ Zip _____

Married _____ Single _____ Divorced/Separated _____ Widowed _____

Number of children _____ Ages _____ # of people living at home _____

Rider resides with: Mother _____ Father _____ Both Parents _____ Guardian _____ Self _____

FINANCIAL INFORMATION—The following information is required for financial aid.

Please list all forms of income received on an annual basis. Mark N/A for any that do not apply to you.

Wages	Alimony/Spousal Support (income)
Interest from Savings	Welfare/General Assistance
Social Security Benefits	Pension/Retirement
VA Benefits	Insurance Benefits
Medicaid	Respite Care
Unemployment Benefits	Disability Payments/Workers' Comp
Child Support (Income)	Other
Spousal Support	Total Income:

Please attach a copy of your most recent income tax return and any W-2's

How much would you be willing to pay per riding lesson? \$10 \$15 \$20

Another amount: _____

ADDITIONAL INFORMATION

1. In what other types of activities and therapy does this rider participate and how often?

2. Please list any unusual circumstances (debts, illness, etc.) that contribute to your need for assistance.

3. Volunteers play a significant role in the success of programs offered at Partners Therapeutic Horsemanship, Inc. . Your involvement is encouraged. Please check any way(s) you may be able to volunteer:

_____ work on fundraisers	_____ serve on Volunteer Advisory Committee
_____ help with barn chores	_____ perform barn maintenance
_____ help with lessons	_____ other (please list) _____

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

Signature

Date

For Official Use Only

Amount Granted: _____ **Date:** _____