

Mountin' Hopes Therapeutic Riding Center

SCHOLARSHIP REQUEST FORM

At Mountin' Hopes Therapeutic Riding Center, it is our policy to strive to make our program available to all families, regardless of ability to pay. We have scholarship funds that may be available, however, please be aware that to be eligible for consideration, we require income verification and proof of any assistance you are receiving. Scholarships are not retroactive and must be applied for and approved prior to each session's start date, unless otherwise noted. All riders must pay a minimum lesson fee of \$5.00 per lesson. Scholarships are only available for group lessons, unless otherwise determined by Mountin' Hopes staff.

PLEASE FILL OUT ALL OF THE FOLLOWING INFORMATION INCOMPLETE FORMS WILL NOT BE PROCESSED

Once all required information is submitted, there is a one-week verification period. We will contact you with the results and the amount of allocation, if applicable.

You are responsible for the balance of program fees above the scholarship award. This balance must be paid, or financial arrangements agreed upon for the rider to be registered in the program and a lesson assignment confirmed.

Rider's Name _____	Date _____
Address _____	City _____ Zip _____
School (if applicable) _____	Grade _____
Parent or Legal Guardian _____	Day Phone _____
Email _____	

Financial Information

(All blanks must be filled in with the amount or N/A)

Total Family Size _____ Number of Children under 18 _____ Number in our program _____

Parent(s) Name(s) _____

Name(s)/ages of all children _____

Total Gross Monthly Wages \$ _____ Monthly child support \$ _____

TANF/AFDC/Welfare \$ _____ SSI \$ _____ SSDI \$ _____

Grants/Scholarship \$ _____ Food Stamps \$ _____ Other \$ _____

Food Stamp ID # _____ Family Income (add all) Total \$ _____

***Please attach a copy of the first page of your most recently completed Federal Income**

Tax Form for all income as well as any additional proof of income.

(all information will be kept in strictest confidence)

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Considerations

List at least 3 reasons Therapeutic Riding would benefit this rider:

Mountin' Hopes works hard to provide scholarship to those who need it most. Please list specific examples that place you/ your rider in the category of highest need (Please attach and additional page if needed):

***Please provide one letter of reference from a person involved with the rider in some capacity who is not a family member.**

Scholarship awards can be supplemented further with an agreement to commit to volunteer and the training necessary to be competent. Volunteer assignments are not guaranteed. The volunteer must complete all training requirements successfully and be confirmed in a volunteer spot prior to being awarded further supplement. Supplement award amounts are based on the number of hours confirmed.

Volunteer Work Exchange: Program Land Mgmt Office/Clerical Other

I certify that the above information is accurate and complete to the best of my knowledge. I give Mountin' Hopes Therapeutic Riding Center permission to verify all of the above information. I understand that any incorrect information will result in immediate termination of this request.

Rider/Parent/Legal Guardian _____ Date _____

Mountin' Hopes Program Coordinator _____ Date _____

Date Reviewed _____

Accepted

Declined

Amount Awarded: _____

Mountin' Hopes Representative

Date

Fees:

Group Lesson (up to 3 riders per group)

\$35.00 per lesson

10-week session: \$350.00

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FOR OFFICE USE ONLY

Session: _____

Level Awarded:

- | | | |
|--------------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> Draft | Value of \$30 per lesson | Rider pays: \$ 5.00 per lesson |
| <input type="checkbox"/> Horse | Value of \$20 per lesson | Rider pays: \$15.00 per lesson |

Rider Pays Registration Fee (one time only) Yes No

Date form received: _____ Date required verification received: _____

Verification Information:

Wages _____ Verified? _____

Grants/Scholarships: _____ Verified? _____

Child Support: _____ Verified? _____

Food Stamps: _____ Verified? _____

Welfare: _____ Verified? _____

SSI: _____ Verified? _____

Employer Information: Yes No

Household Information: Yes No

Approval/Denial

Denied:

Reason-

Denied by: _____ Date _____

Approved:

Approved by: _____ Date _____

Allocation:

Rider contribution: \$ _____ Scholarship \$ _____