



Freedom Ride Scholarship Request Form

Participant Name: _____ Date: _____

Participant resides with: Mother Father Both parents Guardian Self

Parent(s) or Guardian Name: _____

Parent/Guardian Marital Status: • Single • Married • Divorced

Therapeutic Sessions: Does the participant receive sessions anywhere else? **Y N**

If yes, please specify _____

Family size: _____ Number of Children: _____ Number of children with Special Needs: _____

Ages of all Children: _____

Financial Information

Total Gross Monthly Wages:

Father \$: _____ Employer: _____

Mother \$: _____ Employer: _____

Applicant (if applicable) \$: _____ Employer: _____

Please indicate amount of assistance for the participant from any of the following sources:

SSI \$: _____ SSDI \$: _____ Child Support \$: _____ VA benefits \$: _____ Other : \$ _____

Are you eligible to receive any local, state, or federal funds to assist with therapy or rehabilitation? Y ___ N ___

If yes, what agency or program? _____ Amount \$: _____

The equine facilitated learning session at Freedom Ride is \$75

However, this covers only a portion of the estimated operating cost

The remainder of the cost is covered by donations and fundraising

A sliding scale based on the Federal Poverty Guidelines will be used to help determine the amount awarded for a lesson scholarship.

By submitting this information and signing below I agree to the guidelines outlined in this application. I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that I must notify Freedom Ride if there are any changes in these circumstances during the current year.

Signed: _____ Date: _____

(Rider, Parent or Guardian)

First page of the most recent IRS income tax return is attached.

(Financial documents MUST be submitted in order to be considered for financial assistance)

Please complete all questions as they apply to your situation:

How does equine facilitated learning benefit you (if an independent participant) or your child? **required*

In what other types of activities and therapy do you (if independent participant) or your child participate and how often? **required*

Are there any unusual circumstances (debt, illness, etc.) you feel would be important in evaluating your request for consideration.

How will you contribute in support of Freedom Ride (i.e. fundraisers, events, classes, etc.)

Additional comments:

Additional terms I agree to when applying for scholarship:

- Cancellation Policy: Participants receiving scholarships and have more than 1 no-show will be subject to forfeiting the scholarship and becoming ineligible for future scholarships.

Signature _____

Print Name _____ Date _____

- Participant survey forms provided to the email on file at the beginning and end of each session, Jan-May or Sept-Dec or both, if applicable.

Signature _____

Print Name _____ Date _____

- A letter of gratitude to donors, foundations, or grants that are providing scholarship funds. Link will be provided to email on file at the end of each session, May or Dec or both, if applicable.

Signature _____

Print Name _____ Date _____

For Office Use Only

Date received: _____ Rider approved: Y N Amount awarded: \$ _____

Staff Print Name _____