



# 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

Does the participant currently ride 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 lesson fee at Freedom Ride is \$50 per class. This fee covers only a portion of the estimated operating cost for each rider.*

*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)*

The 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 therapeutic riding benefit you (if an independent participant) or your child? *\*required*

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

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

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

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Additional comments:

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## 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: \_\_\_\_\_