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 participate in equine-assisted services or ride anywhere else? [ ] Yes [ ] No 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? Yes [ ] No [ ]
If yes, what agency or program? _____ Amount $: _____

A therapeutic riding or equine-facilitated learning session fee at Freedom Ride is $75 per session. An equine-assisted therapy session fee at Freedom Ride is $150 per session These fees cover only a portion of the estimated operating cost for each participant. 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 session 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 session year.

Signed: _____ Date: _____
(Participant, 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 do equine-assisted services and/or therapeutic riding benefit you (if an independent participant) or your child? * _____
_____
_____
_____

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

_____

_____

_____

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 (e.g., fundraisers, events, classes)? _____

_____

_____

_____

Additional comments.: _____

_____

_____

_____

Additional terms I agree to when applying for scholarship:

Cancellation Policy: Participants receiving scholarships who have more than one 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 grantors 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: _____ *Participant approved:* [ ] *Yes* [ ] *No*

Amount awarded: $_____

Staff Print Name: _____