



Healing Strides of VA Scholarship Application

Please note that the information you provide on this application will be kept confidential. If a scholarship is awarded, it will continue for a designated time and then we will request another application. Meanwhile, if your financial situation changes before the next application deadline, we respectfully request that you notify us of the changes.

This application is submitted for (circle one): **THERAPEUTIC HORSEMANSHIP** **MENTORING**

Participant's Full Name _____

Date of Birth _____ Primary Diagnosis _____

Name of Parent(s)/Guardian(s) _____

Primary Address _____

Phone: (H) (____) _____ (W) (____) _____ (C) (____) _____

Is this the first time you have applied for scholarship at Healing Strides of VA? **YES** **NO**

Name of Father/Guardian: _____

Employer: _____

Employer's Address and Phone: _____

Name of Mother/Guardian: _____

Employer: _____

Employer's Address and Phone: _____

How much are you able to pay per lesson? _____

Number of Adults in Household: _____ **Number of Dependent Children in Household:** _____

Combined Household Annual Income Category: (Please Check One)

- Under \$30,000 per year
- Between \$30,000 and \$45,000 per year
- Between \$45,000 and \$60,000 per year
- Over \$75,000 per year

IMPORTANT INFORMATION

- * If the participant misses 3 unexcused lessons, you will lose your scholarship.
- * There will be no makeup lessons given for scholarship riders.

Please attach a copy of your most recent Federal Tax return and a copy of all Pay Stub(s) from the past 30 days.

Is the participant eligible for free or reduced lunch through the school system? YES NO

If yes, please include a copy of the eligibility letter.

Is the participant a veteran of U.S. military service? YES NO

Is the participant actively fighting cancer? YES NO

Is the participant the child of an active-duty enlisted military service member? YES NO

Do you have any additional sources of income (real estate, child support, social security, disability, alimony, pensions, retirement, trust fund, etc.)? YES NO

If YES, please explain amounts, frequency of income, and source:

**Are there any extenuating circumstances that you could share with us to aid in this decision?
Please feel free to attach additional sheet if necessary.**

Please briefly describe why you believe therapeutic riding will benefit this participant.

Please discuss your transportation to Healing Strides and any reasons regular attendance may be a problem:

**THANK YOU FOR YOUR APPLICATION. PLEASE SIGN, DATE AND RETURN THIS APPLICATION TO:
HEALING STRIDES OF VA, PO BOX 456, BOONES MILL, VA 24065. WE WILL BE IN TOUCH WITH YOU SOON.**

**PLEASE BE CERTAIN TO INCLUDE SUPPORTING DOCUMENTATION AS REQUESTED. INCOMPLETE
APPLICATIONS WILL NOT BE CONSIDERED. ALL SCHOLARSHIPS AWARDED ARE SUBJECT TO THE AMOUNT OF
FUNDS AVAILABLE.**

Signature of Applicant

Date

FOR OFFICE USE ONLY	
Scholarship Approved: _____	Approved By: _____
Dates Approved: _____	Amount Approved: _____