**HELPING HANDS HEALING HOOVES**

**APPLICATION FOR SCHOLARSHIP CONSIDERATION**

**Our MISSION**

***A simple dream, a dash of hope, a touch of fail, endless possibilities***

**Our goal is to assist every qualified individual in their attempt to reach their full potential, regardless of therapeutic and/or financial needs.**HHHH is able to fulfill this mission through donations, the building of its endowment funds, and The HHHH Scholarship Fund that is administered by The HHHH Scholarship Fund Committee.

For more information please contact helpingshands@wi.rr.com or 262-689-5677 to speak to Debra Goelz, HHHH Riding Instructor and Chair of HHHH Scholarship Fund Committee.

**APPLICATION FOR SCHOLARSHIP**

Scholarship Awards will be based on the demonstrated financial and/or therapeutic needs and/or extenuating circumstances of the applicant or family and the funds available for scholarship at HHHH Inc.

All information provided on the *Scholarship Application and any conversations or requested material* is kept in strict confidence. The information will be kept confidential and will be made available only to the HHHH Scholarship Committee.

**PROCESS AND DETAILS**

This application is for a scholarship at HHHH Therapeutic Riding, Inc.

Scholarship awards are based upon financial and/or therapeutic need and/or extenuating circumstances of the applicant or family and the funds available for scholarship at HHHH Inc.

* Due to limited funds we sincerely hope that application for a scholarship will be made only after careful assessment of your own needs.
* It is important that an application for the session (or multiple sessions) and for Scholarship Review be filed as early as possible prior to the start of the first session.
* All requested information must be provided. We cannot consider this application until all material has been submitted.
* Scholarships are awarded in the form of a 25%, 50% or 75% credit toward the tuition for scheduled session’s services. Before completing this Scholarship Application please complete and submit The HHHH Client/Session Application.
* Unused Scholarship Awards must be used in the session(s) assigned and cannot be carried forward to a session (that a scholarship has not been awarded) or transferred to another client or individual.
* A Scholarship Committee will review Scholarship Applications for all qualified HHHH Clients and may find it necessary to request additional information.
* Clients will be notified of this result of the Scholarship Committee review via email and the award will be reflected on monthly invoices.
* Any additional financial information that is requested must be provided.
* A violation of HHHH’s Code of Conduct may determine the revocation of the Scholarship Award and session participation.
* Award amounts is considered income and 1099 documents will be distributed to recipients for all scholarship awards.

**New Participants**

Individuals applying to participate in a HHHH program may request a *Scholarship Application* and submit it with their application for participation. Action is taken on the application only after the individual has been scheduled into a HHHH program.

**On-Going Participants**

Those ***who did not receive a scholarship award for their prior session’s enrollment*** at HHHH may request a *Scholarship Application* at any time and submit it for consideration.

Those ***who received a scholarship in the past that has now expired*** *are required to complete a new* scholarship application for future sessions. Awards for multiple sessions need not apply for the sessions they’ve already been awarded for. Repeating recipients in the subsequent years may be subject to a tiered scholarship award based on fund availability.

Person Completing Application Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Age: \_\_\_\_\_\_\_\_\_\_

Phone: ( )\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Applicant’s Mailing Address (Street, City, State, Zip) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a one or two family income household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Earned Income for total family (Check One):

\_\_\_\_$0-$27,214 \_\_\_$27,214-$34,281 \_\_\_$34,281-$41,348

\_\_\_$41,348-48,415 \_\_\_\_$48,415-$55,482 \_\_\_\_$55,482-$62,549

\_\_\_More than $69,616

Number of Dependents in Household: Adults \_\_\_\_\_ Children \_\_\_\_\_

List amount per year of any aid or support you receive other than earned income.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List dependent children including Applicant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Age | School | Tuition Cost | Aid Received |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

List other people dependent upon your income (e.g., parents):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information:

Is your primary residence Owned\_\_\_\_ or Rented\_\_\_\_?

Date primary residence purchased\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own additional residential or business property? Yes \_\_\_\_ or No \_\_\_\_\_\_\_\_\_ Please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle 1-Year and Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle 2-Year and Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boat-Year and Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RV-Year and Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any additional therapies the client/applicant is currently involved in and the out of pocket costs related to these therapies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please identify below other financial obligations you may have that should be considered with regard to the review of your application for HHHH Scholarship

Please identify below other therapeutic needs you may have that should be considered with regard to the review of your application for HHHH Scholarship

Are there any additional extenuating circumstances or other factors you feel might affect consideration of this application, please explain them. (Family medical, change in family structure etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about HHHH and the Scholarship Program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of Scholarship Aid requested: 1) 20% \_\_ 2) 40% \_\_ 3) 60% \_\_ 4) 80%\_\_\_

What sessions are you applying for a HHHH Scholarship for: Year \_\_\_\_\_\_\_\_\_\_

Winter\_\_\_ Spring 1\_\_\_\_Spring 2 \_\_\_\_ Summer \_\_\_\_ Fall 1 \_\_\_\_\_ Fall 2\_\_\_\_\_

Thank you for your participation – we will be in touch soon.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| For office use only |  |
| Committee Review Date |  |
| Amount Awarded |  |
| Date Applicant Notified in Writing |  |
| Date Accepted by Applicant |  |
| Date Award Applied Financially |  |
| Invoice # |  |
| Notes: |  |