



Scholarship Application

To be considered for a need-based scholarship, this application must be completed in full.

Participant Information

Name: _____ Date of Birth: _____

Diagnosis(es): _____

School/Day Program/Employer: _____

City and County of Residence: _____

Participant resides with _____
(Ex: Self, Parent(s), Guardian, Spouse, Group or Host Home)

Information requested below applies to Parent(s)/Guardian(s) of Participant or Independent Adult Participant:

Name(s): _____

Spouse's Name: _____

Address: _____

City, State, Zip _____

County: _____

Preferred Phone: (Home/Cell/Work) _____

Secondary Phone: (Home/Cell/Work) _____

Preferred Email: _____

Employer: _____

Single / Married / Divorced / Separated / Widowed / Other: _____

Household Definition: If the participant is in a group home or host home, only the participant's income is required. **If the participant lives with parent(s)/guardian(s), total household count and income is required.**

Financial Information – the following information is required for all scholarship requests. Please
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Promise Ranch Therapeutic Riding is a 501(c)3 tax exempt organization. For your record keeping purposes, our tax ID # is:26-2431767. Mailing address: P.O. Box 545, Franktown, CO 80116



list all forms of income received on an annual basis. Mark

N/A for any that do not apply, rather than leaving blank. Please attach a copy of your most recent state/federal income tax return, or a personal financial statement. If not included, this application will not be considered.

Total Number of Household Members: _____

Total Annual Household Income: _____

Total Monthly Household Income: _____

If participant is 18 or over, what is his/her total monthly income, including Social Security Disability (SSI) money, and other financial assistance? _____

Information requested below applies to Parent(s)/Guardian(s) of Participant or Independent Adult Participant:

Wages: _____

Interest from Savings: _____

Social Security Benefits: _____

VA Benefits: _____

Medicaid: _____

Unemployment Benefits: _____

Child Support (Income): _____

Alimony/Spousal Support (income): _____

Welfare/General Assistance: _____

Pension/Retirement: _____

Insurance Benefits: _____

Respite Funds Received: _____

Disability Payments/Workers' Comp: _____

LEAP, Food Stamps, Other Assistance: _____

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What extenuating circumstances/financial burdens exist, if any?

Are additional third party funds available to support this participant?

Is this a renewal application? If so, please indicate the benefits received from the previous scholarship and the reasons why the scholarship is being requested again:

Is there any other pertinent information you would like the scholarship committee to know and consider?

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Scholarship Information and Policies

1. It is Promise Ranch's policy that no interested participant be turned away from services due to an inability to pay.
2. Promise Ranch does its best to solicit funding from a variety of sources including grants, private donors, and philanthropic organizations. Please understand that scholarship offers are based on fund availability.
3. To be considered for a scholarship, this entire application must be complete.
4. All information provided herein will be held in strictest confidence.
5. The Board of Directors of Promise Ranch has an obligation to donors to ensure that scholarship monies are well managed and appropriately distributed. Thus, all applications will be reviewed in an anonymous fashion, and decisions will be made objectively.
6. Scholarship applications must be completed every 12 months.
7. Promise Ranch does not provide full scholarships; all participants must contribute towards the cost of their lessons/therapy sessions.
8. **We cannot award scholarships without receiving acceptable copies of your most recent state/federal tax return. If participant is 18 or over, we must ALSO receive a copy of his/her most recent state/federal tax returns.**
9. Scholarships are awarded based on NEED, and on a first come, first served basis; Promise Ranch reserves the right to rescind scholarship awards as appropriate.
10. If you are unable to manage the co-pay required for your portion of the lesson/therapy session fee, you may make an appeal to the Executive Director.

I have read and understand the scholarship application and the requirements for receipt of the scholarship. I would like to be considered for scholarship funds.

Signature: _____ Date: _____
(Participant)

Signature: _____ Date: _____
(Spouse/Parent/Guardian)

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