



Date: _____

Student Name: _____

Scholarship Application

Therapy for Handicapable Equestrians Center, Inc. is dedicated to offering our services to all those who qualify, regardless of their financial circumstances. We strive to provide financial assistance to therapeutic riding students who are in need, in a fair and responsible manner. Prospective participants and their families/guardians are expected to explore and utilize other options of financial support prior to submitting a Scholarship Application. The Scholarship Application and T.H.E. Center, Inc. Therapeutic Riding Paperwork must be completed or it will not be accepted.

All information provided on the Scholarship Application is kept strictly confidential. A Scholarship Committee reviews the application and may find it necessary to request additional information. Scholarships are awarded in the form of credit toward the tuition for lessons. We accept scholarship applications every 6 months (deadlines: **January 1st and July 1st**). After the deadline submittal, the application will be reviewed and within 5 days you will be notified of your submission outcome.

Scholarships are based on availability of funds at the time of application, profile and need of the rider and the student's commitment*. We reserve the right to limit the number of scholarships given to the same participant, as our goal is to serve as many riders as possible. We ask that each scholarship applicant consider contributing something back towards T.H.E. Center, Inc.

*Student may not miss more than two lessons without a Physician's note. **No Shows/No Calls are subject to immediate dismissal.**

Scholarship Funds are provided for therapeutic riders only. Participants must have a diagnosis and a physician's referral to be eligible. You will be required at the end of your scholarship term to fill out a *Scholarship Renewal Request Form*.

Requirements Checklist:

- Section 1—"Application for Scholarship"—fill out form completely
- Section 2—"Financials"—state annual income from all sources (work, government, family support, trust, dividends, etc.) and SIGN, ***MUST INCLUDE A COPY OF YOUR LAST INCOME TAX RETURN***
- Section 3—"Letter from Participant or Parent/Guardian"—complete letter in provided space or attach a separate sheet
- Section 4—"Volunteer Portion"—fill out form completely
- Separate Packet—"Therapeutic Riding Paperwork"—fill out packet completely

Please return your complete application package and paperwork to T.H.E. Center, Inc. **by mail** to: T.H.E. Center, Inc. Attn: Scholarship Committee, PO Box 5337 Hemet, CA 92544

Or by fax or email to 951-765-6001 or info@thecenterranch.org

Thank you for your interest in T.H.E. Center, Inc. We appreciate your assistance in this application process and look forward to hearing from you.

Section 1

Application for Scholarship

Participant's Name _____ Age: _____

Current Employer _____

Name & Phone # of Supervisor _____

Employer Address _____

Disability: _____

Number of Persons in Household: _____

If Participant is a minor or financially dependent on other individuals please complete the rest of the page, if not then proceed to *Section 2*.

FATHER/GUARDIAN

Name _____

Current Employer _____

Name & Phone # of Supervisor _____

Employer Address _____

MOTHER/GUARDIAN

Name _____

Current Employer _____

Name & Phone # of Supervisor _____

Employer Address _____

Please List anyone else who is a "provider" in the household

Name _____

Current Employer _____

Name & Phone # of Supervisor _____

Employer Address _____

Section 2

Financials

MONTHLY INCOME (GROSS)

Names of Adult Household Members	Gross Monthly Earnings Before Deductions	Monthly Welfare Payments, Child Support, Alimony	Monthly Pensions, Retirement, or Social Security Payments	Any Other Monthly Income
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

MONTHLY EXPENSES

Mortgage – Rent – Association Fees	\$
Car Payments	\$
Medical/Dental Expenses	\$
Household Utilities	\$
Insurance (Life, Auto, Other)	\$
Credit Card Payments	\$
Alimony or Child Support	\$
Preschool/After School Care	\$
Other Expenses (Explain)	\$
Total Monthly Expenses	\$

► **ANY falsification of these records will immediately negate the request for Scholarship.**

This application is for a scholarship at T.H.E. Center, Inc. for therapeutic riding lessons. The information will be kept confidential and will be made available only to the Scholarship Committee

Section 2 continued

Financials

Supplemental Commitment:

What level of financial support are you comfortable giving *per lesson* received? \$_____

Please explain any extenuating circumstances:

IMPORTANT – SCHOLARSHIP APPLICATION FORMS WILL NOT BE ACCEPTED WITHOUT SIGNATURE: I hereby state that the information shown on this scholarship application and any supporting documentation is accurate. If requested, I will sign an authorization for release of this information to T.H.E. Center, Inc. I understand that any incorrect information will result in immediate termination of this request.

Signature of Applicant or Parent/Guardian: _____

Date: _____ **Print name of signer:** _____

Section 3

Letter from Participant or Guardian

Letter to be written by applicant (or parent/guardian if under 18 or unable to write the letter) explaining why you think you should be a candidate for this scholarship.

Please make sure that your letter includes the following and be specific:

- At least 3 reasons Therapeutic Riding would be beneficial for applicant
- List other types of activities and therapies the applicant participates and how often
- Why should the applicant be considered for a scholarship

(Please use the space below or attach a separate sheet)

Section 4

Volunteer Portion

T.H.E. Center, Inc. could not exist without the dedication of our wonderful volunteers. Volunteers play a significant role in the success of the program. We have several opportunities that you can assist with including but not limited to: office help, barn chores and maintenance, special events, lesson help (sidewalking & leading).

We ask that all applicants (or guardians) try to contribute their time or special skills towards the therapeutic riding program. Volunteer assignments are not guaranteed. The volunteer must complete all training requirements successfully before participating in the volunteer program.

What time can you donate to the Program?

What special skills can you donate to the Program?

Or

I would like to donate Items from the T.H.E. Center, Inc. Wish List (2 Item Minimum)

Wish List Items Include:

- 1 Large Bag of Horse Cookies
- Hand Soap
- Sponges
- **Postage** – Current one and two-ounce postage stamps are needed for mailings
- Cat food (Dry or Canned) for Smokey
- Cleaning Products (Bleach, Pine-sol, Windex, Sponges, etc.)
- Drink Cups (Hot and Cold)

Check with Miguel or Lauren for additional ideas.

Thank You for your interest in T.H.E. Center, Inc. You will be notified of the outcome of your application within 5 days of submittal.

Section 4