



2019 SCHOLARSHIP APPLICATION

Please complete the following application and submit the requested paperwork

Student applying for scholarship assistance MUST meet the following requirements before submitting an application. Completion and submission of this application does not guarantee scholarship assistance. The T.H.E. Center works in partnership with donors and foundations to provide scholarship assistance for students in need. Thus, scholarship assistance and application processing time differ per individual based on need, available funds, and diagnosis. Scholarship assistance is not guaranteed to cover complete tuition costs.

- Require scholarship assistance because tuition is a financial hardship.
 - Child is age 18 and under (Please see Adult Scholarship Application for ages 19 and over)
 - Have a medical diagnosis.
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SUBMITTAL CHECKLIST

Every applicant must submit the following documentation to be considered for scholarship assistance. All required documents must be submitted before processing of application can begin. Additional information, documentation, and signatures may be requested.

- Complete application
 - Letter from doctor (on letterhead). Letter MUST include child's diagnosis, history of illness/treatment, recommendation or statement of need for therapeutic horseback riding.
 - First page of most recent federal income tax return OR W-2's
 - Letter from parent. Letter MUST state child diagnosis, tell us about your child (interests, personality), reason why your child would benefit from therapeutic horseback riding, reason(s) why tuition for riding is a financial hardship, state any other ways you have tried to raise or attain financial support for therapeutic horseback riding costs. The more you tell us the better!
 - Evaluation from specialist (therapist, psychologist, etc.) Example: IEP
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CONTACT FOR SCHOLARSHIP APPLICATION QUESTIONS OR ASSISTANCE:

Name: Anakaren Bradshaw

Phone: (951) 658-7790

Email: abradshaw@thecenterranch.org

Facebook: Message Facebook.com/THCenterInc and ask for Anakaren

PLEASE COMPLETE ENTIRE PAGE

CHILD INFORMATION

Last Name _____ First Name _____ Birth Date _____

Gender _____ Country of Citizenship _____

Race: American Indian ___ Asian ___ African American ___ Native Hawaiian/Pacific Islander ___ Caucasian ___ Hispanic ___

GUARDIAN INFORMATION

Last Name _____ First Name _____ Relationship to Child _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email _____ Occupation _____

Last Name _____ First Name _____ Relationship to Child _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email _____ Occupation _____

HOUSEHOLD INFORMATION

Child lives with _____ Number of guardians in household _____ Number of Dependent Children _____

Does the household speak English? Yes ___ No ___ If no, what is primary language? _____

FUNDING INFORMATION *Does the child have health insurance? Yes ___ No ___*

Health Insurance Name _____ Annual Family Income (prior year) \$ _____

Last year's out-of-pocket medical expenses for the child (costs for therapies, medical equipment etc.) \$ _____

Has funding been requested from additional sources? Yes ___ No ___ If yes, please list _____

MEDICAL INFORMATION

Physician's Last Name _____ First Name _____ Title (DO, MD, Etc.) _____

Social Workers Last Name _____ First Name _____ Organization _____

Social Workers Email Address _____ Phone Number _____

Child's Clinical Diagnosis _____ Age Diagnosed _____

REQUIRED – CONSENT TO RELEASE INFORMATION

I have read the guidelines for scholarship assistance and I declare that the information submitted on this application form, including attached sheets, is true and correct to the best of my knowledge. By submitting and signing this scholarship application, I am giving T.H.E. Center permission to have, store, and utilize the information submitted, including attached documentation, for the purpose of seeking financial assistance for my child. I acknowledge and agree that accepting scholarship assistance, in whatever form, is strictly voluntary.

I do hereby authorize all hospitals, financial institutions and insurance groups to release to the T.H.E. Center, or its duly authorized representatives, any information deemed necessary to complete its investigation of my application for scholarship assistance. In addition, I do authorize all hospitals, financial institutions, and insurance groups to release to T. H.E. Center, or its duly authorized representatives, any information or itemized statements that pertain to the diagnosis and treatment of the child and related expenses. I further authorize T.H.E. Center and its representatives to provide such information to those institutions as may be reasonably required to assist our family and our child. All consents given herein shall continue until such time as the undersigned provides notice of termination in writing.

In addition, I affirm the following:

1. The undersigned are parents or guardians of the child.
2. The undersigned understand that scholarships are based on available funds, foundational support, and need. Scholarship assistance is not guaranteed, and if provided, full coverage of tuition costs is not guaranteed.
3. The undersigned understands that additional information, documents, and signatures may be requested.

Signature _____ Print Name _____

Date _____
