 

**Scholarship Application Form**

REACH strives to make its services available to all participants whose application for registration is accepted. REACH is able to fulfill this mission through the generosity of our supporters and the administration of a scholarship program based strictly on financial need. The REACH Board of Directors believes that no client should be turned away due to finances.

The actual cost per lesson per rider is approximately $150. Up to two-thirds of the cost is subsidized by REACH. Scholarships are based solely on financial need and we request your application be genuine and proven through proper documentation.

Scholarships are awarded on a yearly basis. Scholarship requests must be renewed annually by submitting a new Scholarship Application by **AUGUST 15** each year. Applications submitted after this date may be subject to a reduction in scholarship amount.

The scholarship committee will review all completed applications. If necessary, a meeting will be arranged with a committee member to review your application with you.

***All scholarship applications MUST include each of the following and WILL NOT be considered without this documentation:***

1. **Completed Scholarship Application Form**

 **2. Income Verification:**

 **Most recent federal tax return of person claiming participant as a dependent**

 *And if applicable:*

**Most recent federal tax return of working adult participant**

Submit the first two pages of the IRS income tax return (FORM 1040).

*Must include the page that contains the taxpayer’s signature and Adjusted Gross Income.*

All information provided on the Scholarship Application is kept in strict confidence. The Scholarship Committee reviews the applications and may find it necessary to request additional information.

Scholarships **up to 90%** of the riding session fee may be awarded in the form of credit toward the tuition for scheduled services; the participant will be notified of this award. The balance of the fee is due at the beginning of the session unless prior arrangements have been made. Scholarships are limited to one scholarship per participant per semester.

Scholarships are based solely upon need. Due to limited funds we ask all applicants for scholarships to make a careful assessment of their financial needs. Final determination of scholarships will be based on the demonstrated financial needs of the applicant and the funds available.

***All scholarships will be given equal consideration based solely on needs without regard to race, color, sex, religion, national origin, sexual orientation, gender identity, age or disability.***

**Financial Information**

Participant Name: Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_

**Individuals responsible for participant:**

***Parent/Guardian*** Name:

Address:

City/State/Zip:

PRIMARY Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

Occupation:

***Parent/Guardian*** Name:

Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

Occupation:

***Other – Relation to Participant***

Name:

Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

Occupation:

List **ALL** **SOURCES OF INCOME** available to the family (responsible parties) who provide support for the participant. This should include any income earned by the participant as well.

**ALL LINES MUST BE ANSWERED**

 No Yes Amount Copy of Proof

 (Statement, paystub, etc.)

Monthly Salary (Gross) \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Monthly Salary (Gross) \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Monthly Social Security \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Monthly Social Security Disability \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Monthly Participant Salary (Gross) \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Child Support \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Alimony \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Unemployment \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Medicaid \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Pensions \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

VA Benefits \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Disability \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Housing Assistance \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Food Assistance (SNAP, WIC, CHIP) \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Recurring Gift \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Insurance Benefit \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Investment Income \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 **TOTAL MONTHLY INCOME \_\_\_\_\_\_\_\_\_\_\_\_\_**

How many total people (including yourself) are being supported in the family? \_\_\_\_\_\_\_\_

*(Example: 2 adults +1 child applicant +3 other children, = 6 total)*

Where does this applicant reside? At home with family \_\_\_ Alone \_\_\_

 Other

 Home is: \_\_\_ Owned \_\_ Rented What is the monthly payment or rent?

What is the total amount of car payments? \_\_\_\_\_\_\_\_\_\_\_\_

Are there any other circumstances or financial obligations the committee should take into consideration?

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

**Client/Parent/Guardian/Other Responsible Person Signature** **Date** 