

## Scholarship Application – Hearts Adaptive Riding Center

Hearts Adaptive Riding Center is dedicated to serving children and adults with various disabling conditions through therapeutic horseback riding. Hearts offers need-based partial scholarships for those unable to afford the total cost of lessons.

Students are asked to contribute as much as possible towards lesson fees so as many persons can be served as funds are available. Final determination of a scholarship is based on the applicant need, determination of criteria met by Scholarship Committee, and funds available.

Students families are also asked to contribute in some way to the Program when they are receiving scholarship funding.

Volunteering in lessons, events, fundraisers, office work, phone calls, mailings or general maintenance work in and around the facility, animal care, as well as special projects are just some of the ways our families have supported our program in the past.

An instructor assessment will be done to determine if lessons will provide measurable and beneficial results to the student before scholarship process can begin.

The applicant must be a resident of Santa Barbara County.

The applicant must have physical, psychological or cognitive disability as determined by their physician in writing.

**\*Please note: Full Applications with financials must be submitted annually.**

**\*Please Note: All information on applications will be kept Confidential \***

**Part I –Student Information**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Disability \_\_\_\_\_

How long have you been riding at Hearts? \_\_\_\_\_ years

Have you applied before? Yes \_\_\_\_\_ No \_\_\_\_\_ #of times/yrs received \_\_\_\_\_

Amount/% of Scholarship Requesting \_\_\_\_\_ previous % \_\_\_\_\_

Date of last application submitted \_\_\_\_\_

Has any information changed since last application was submitted? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please fill out current application, listing changes below. Thank You.

**Part II – Information requested applies to Parent/Guardian or Independent Student**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Spouse’s Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Student resides with    Mother        Father        Both Parents    Guardian    Self

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Married            Single            Divorced/Separated            Widowed

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_ Number living at home \_\_\_\_\_

Number of Dependants in Household \_\_\_\_\_ Other in home disabled? \_\_\_\_\_

**Please attach a copy of your most recent tax return -**

What is your present amount of annual income? \_\_\_\_\_

Has there been any change in status since you filed your last tax return? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**Please turn over and fill out form completely. Thank you.**

**Part III (Applies to student and needs to be completed each time a Scholarship Application is filed)**

1. **In what other types of activities does student participate in and how often?**

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2. **Please explain how therapeutic riding benefits you (if independent student) or your child? What do you or he/she find most enjoyable about therapeutic riding?**

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3. **How have you volunteered or contributed in support of Hearts Adaptive Riding Center? (i.e. fundraisers, events, classes,) Or, what special talents or Special services might you be willing to provide to support Hearts? (i.e. Marketing, contractor, event planner, etc)**

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4. **Please list unusual circumstances (debts, illness, marital status, job loss) that contribute to your need for assistance:**

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5. **Any additional comments:**

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**I certify that the information in this application is correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*For Official Use Only*

*Past years attendance:* \_\_\_\_\_%

*Amount Granted:* \_\_\_\_\_

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

*Weighted Score:* \_\_\_\_\_ *Scholarship % Requested:* \_\_\_\_\_ *Scholarship % Received:* \_\_\_\_\_