



Scholarship Application Form

RISE CANYON RANCH strives to make Equine Assisted Psychotherapy available to all clients. RISE CANYON RANCH is able to fulfill this mission through the generosity of our supporters and the administration of a scholarship program based strictly on financial need. RISE CANYON RANCH Board of Directors believes that no client should be turned away due to finances.

Scholarships are based solely on financial need and we request the following application and documentation.

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

All scholarship applications MUST include each of the following documentation and WILL NOT be considered without a completed packet:

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**
3. **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.***
4. Two most recent pay stubs or unemployment pay stubs
5. Current lease agreement or mortgage statement and property tax bill
6. Copy of utilities bills from previous month (phone, gas and electric)
7. Child support documentation

Scholarships **up to 80%** of the Equine Assisted Psychotherapy fee may be awarded in the form of credit toward Equine Assisted Psychotherapy; 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 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.

NOTE: please complete and return to: Theresa@risecanyonranch.org

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	_____		_____	_____

