



# HEARTLAND THERAPEUTIC RIDING, INC.

PO Box 391 Stilwell, KS 66085-0391 | Barn: 19655 Antioch Rd., Bucyrus, KS 66013  
913.897.3939 | HeartlandTherapeuticRiding.org | info@htrmail.org

## SUPPLEMENTAL SCHOLARSHIP APPLICATION CHECKLIST

\_\_\_\_\_ I have read the criteria sheet & I have completed the relevant questions and signed the application

Who is the party responsible for paying for your Heartland fee and submitting this application?

\_\_\_\_\_ Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Self \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ I have included a copy of one of the following to support my application. Applications submitted without this information will not be reviewed until it is submitted.

- \_\_\_\_\_ the first page ONLY of my most recent Federal tax return
- \_\_\_\_\_ a copy of a recent SSI or other government assistance check
- \_\_\_\_\_ a copy of my bank statement showing automatic deposits for my SSI or other government assistance

I am submitting this application by the deadline and I understand that I need to renew my application each year.

## SUPPLEMENTAL SCHOLARSHIP APPLICATION CRITERIA

The following criteria will be used as a basis for financial assistance considerations. For additional questions or comments please contact Heartland at 913.897.3939 or info@htrmail.org.

- A. Scholarships are available for all services that Heartland offers.
- B. The maximum amount of scholarship that will be awarded is based on the following income:

2016-17 Federal Income Eligibility Guidelines			
Household size	Yearly	Monthly	Weekly
1	21,978	1,832	423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455
Each additional person:	7,696	642	148

- C. Additional consideration is given for mitigating factors, which could impact the sum granted. These include more than one disabled family member, single parent family, or unusual or unexpected medical needs.
- D. All assistance is granted by the decision of the Scholarship Committee. Once the committee makes a decision the rider will be notified in writing as soon as possible prior to the beginning of the session.

- E. All scholarship applications must include the first page of the most recent IRS income taxes return or a copy of an SSI or other government assistance check and rider registration forms. If the rider is a minor, the return from the parent/legal guardian is required. Applications not containing financial information and registration forms will not be considered.
- F. Financial assistance is awarded for the year. A new application must be submitted annually. No application will be considered if a balance due.
- G. All applications received by Heartland will be held in the strictest of confidence

### SUPPLEMENTAL SCHOLARSHIP APPLICATION

Resources for scholarships are limited. We try to provide financial assistance to those riders who cannot afford the fee.

**Rider's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

**Address** \_\_\_\_\_

**Contact Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

Mark the session(s) and program that you are applying for:

Spring                       Summer                       Fall                       Winter  
 Therapeutic Riding                       Hippotherapy

Family or Rider income \_\_\_\_\_

Where does the rider reside:  At home with family                       Alone                       Other (please describe)

Total number of family members living in the household \_\_\_\_\_

Are any other family members disabled . If yes, please describe \_\_\_\_\_

Have you received a scholarship from Heartland in the past  yes  no

How many years have you been at Heartland? \_\_\_\_\_

Are there any unusual medical needs we should consider? \_\_\_\_\_

Describe any **Mitigating Factors** that should be taken into consideration: \_\_\_\_\_

By submitting this information and signing below I \_\_\_\_\_ (please print first and last name) agree to all of the criteria outlined in this application; and I have read and understand the Heartland Therapeutic Riding Supplemental Scholarship Criteria sheet. In addition, I have answered all questions to the best of my knowledge.

Applicant Signature of Parent/Guardian \_\_\_\_\_ Date signed \_\_\_\_\_

Enclosed is a copy of one of the following documents to support my application:

- first page ONLY of my most recent Federal tax return
- copy of a recent SSI check
- copy of my bank statement showing automatic deposits for my SSI check or other government assistance

Please return complete application to: Heartland Therapeutic Riding, PO Box 391, Stilwell, KS 66085 or [info@htrmail.org](mailto:info@htrmail.org)