



# HEARTLAND THERAPEUTIC RIDING, INC.

PO Box 391, Stilwell, KS 66085-0391 | 19655 Antioch Rd, Bucyrus, KS 66013  
T 913-897-3939 | F 913-730-5437 | [info@htrmail.org](mailto:info@htrmail.org) | [HeartlandTherapeuticRiding.org](http://HeartlandTherapeuticRiding.org)

## HUNTER MCPHAIL 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:

\_\_\_\_\_ Summer CAMP    \_\_\_\_\_ Spring Riding Session    \_\_\_\_\_ Fall Riding Session    \_\_\_\_\_ Winter Riding Session

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

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

Family income (if rider is a minor) \_\_\_\_\_ Rider income (if rider is paying on their own) \_\_\_\_\_

Where does the rider reside:    \_\_\_\_\_ At home with family    \_\_\_\_\_ Alone    \_\_\_\_\_ Other: \_\_\_\_\_

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

Are any other family members disabled \_\_\_\_\_ Yes \_\_\_\_\_ No. 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 Hunter McPhail Scholarship Criteria sheet. In addition, I have answered all questions to the best of my knowledge.

**Signature of Rider or 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 (**If the rider is a minor, the return from the parent/legal guardian is required**)
- \_\_\_\_\_ OR a copy of a recent SSI check
- \_\_\_\_\_ OR a copy of my recent 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)



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## HUNTER MCPHAIL 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](mailto: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 basis:

Adjusted Gross Income	Financial Assistance Amount (1 to 4 members in household)	Financial Assistance Amount (5+ members in household)
\$0 - \$24,999	75%	75%
\$25,000-\$45,999	50%	75%
\$46,000-\$69,999	25%	50%
\$70,000 +	0%	25%

- 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 rider registrations forms as well as **one** of the following:
  - \_\_\_\_\_ the first page ONLY of the most recent Federal tax return **(If the rider is a minor, the return from the parent/legal guardian is required)**
  - \_\_\_\_\_ OR a copy of a recent SSI or other government assistance check
  - \_\_\_\_\_ OR a copy of a recent bank statement showing automatic deposits for my SSI or other government assistance

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.



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### HUNTER MCPHAIL SCHOLARSHIP APPLICATION CHECKLIST

This checklist is for your information and convenience in completing the application process.

\_\_\_\_\_ I have read the Scholarship Criteria sheet.

\_\_\_\_\_ I have completed the relevant questions on the Scholarship Application form.

\_\_\_\_\_ I have signed the Scholarship Application form.

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

\_\_\_\_\_ Parent    \_\_\_\_\_ Guardian    \_\_\_\_\_ Rider    \_\_\_\_\_ 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 **(If the rider is a minor, the return from the parent/legal guardian is required)**

\_\_\_\_\_ OR a copy of a recent SSI or other government assistance check

\_\_\_\_\_ OR 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.