

DADTH Scholarship Application Checklist

- I have read the criteria sheet

- I have filled out all the relevant questions and signed the application

- I have included a copy of either the first page only of my most recent Federal tax return or SSI check
(Applications submitted without this information will not be reviewed until it is received.)

- I have signed all rider registration forms

- I am submitting this application by the session deadline to:

Dream A Dream Therapeutic Horsemanship
Attn: Brenda McCall
23650 Round Mountain Circle
Leander, Texas 78641

DADTH Scholarship Application Criteria

The following criteria will be used as a basis for financial assistance considerations. If you have questions or comments, please contact Brenda McCall at (512) 260-5957.

- A. Scholarships are only available for therapeutic riding classes.
- B. The maximum amount of scholarship that will be awarded is based on the following income:

<u>Adjusted Gross Income</u>	<u>Financial Assistance Amount</u>	<u>Rider Pays</u>
\$0 – \$24,999	75%	25%
\$25,000 – \$45,999	50%	50%
\$46,000 – \$65,999	25%	75%
\$70,000 +	0%	100%

If granted a scholarship the following appears as the amounts awarded for DADTH:

<u>Percent Awarded</u>	<u>Amount Rider Pays For 1 Hour Session</u>	<u>Amount Rider Pays For Half-Hour Session</u>
75%	\$ 13.75 per hour	\$ 7.50 per hour
50%	\$ 27.50 per hour	\$ 15.00 per hour
25%	\$ 41.25 per hour	\$ 22.50 per hour

NOTE: Payment is due the 1st of the month and sessions cannot be carried over to the following month unless special circumstances (i.e. illness, death in family, etc.) and submitted for board approval. If more than three (3) consecutive unexcused missed sessions occur, the scholarship will be terminated.

- C. Additional consideration is given for mitigating factors, which could impact the sum granted. These include: five or more people in the family, more than one disabled family member, single parent family, or unusual 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 at least two weeks prior to the beginning of the session.
- E. All scholarship applications **must** include the first page of the most recent IRS income tax return or a copy of an SSI check and rider registration forms. If the rider is a minor, the return for the responsible party is required. **Applications not containing financial information and registration forms will not be considered by the committee.**
- F. Financial assistance is awarded for the current Fall and Spring sessions and does not automatically re-apply to any additional sessions. For renewal of a scholarship the rider must submit a signed verification form with information pertaining to any changes in household income.
- G. Applications received after the Fall registration deadline will be considered for the Spring session. Please note that application deadlines will be strictly enforced for consideration. Summer session applications have a separate deadline.
- H. All applications received by DADTH will be held in the strictest of confidence.

DADTH Scholarship Application

The resources for these scholarships are limited and we try to provide financial assistance to those riders who cannot afford the fee. However, we do request that riders make any possible payments before the end of the session. In addition we request that you volunteer with DADTH if you receive financial assistance.

Please answer the following questions:

Riders' Name: _____

Address: _____

Parent or Guardian: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

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

- Fall 20____ Spring 20____ Summer 20__ Camp Hippotherapy

Family Income: _____

Total number of family members living in the household _____

Are any other family members disabled?: _____ If yes, please provide details: _____

Are there any unusual medical needs we should consider? _____

Describe in detail any **Mitigating Factors** that should be taken into consideration: _____

Does your health care plan cover DADTH fees? _____ If yes, at what percent? _____

Are you eligible to receive any local, state, or federal funds to assist with therapy/rehabilitation?

If yes, what agency or program? _____

Does this cover DADTH fees? _____ If Yes, what amount? _____

Will you be able to pay in full? _____

If so when do you anticipate making the payment? _____

Will you be able to make a partial payment? _____

Please describe in detail your proposed payment plan: _____

Please check how you wish to volunteer:

- Volunteer for classes (side walking or horse leading)
- Work on one of the fundraisers
- Office help
- Ranch maintenance (carpentry, electrical, plumbing, mechanical, etc)

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 DADTH Scholarship Criteria sheet. I have answered all questions to the best of my knowledge. I understand that this is an application for a scholarship, and there is no guarantee of acceptance.

Applicant Signature or Parent/Guardian

Date Signed

Enclosed is a copy of either the first page ONLY of my most recent Federal tax return or SSI check (applications submitted without this information will not be reviewed until it is received.)

Please return completed application to:

DADTH

Attn: Brenda McCall

23650 Round Mountain Circle

Leander, Texas 78641