**Scholarship Application Form**

REACHstrives to make its services available to all participants whose application for a scholarship is submitted and accepted. REACH is able to fulfill this mission through the generosity of our supporters and the administration of a scholarship program based strictly on financial need. The REACH Board of Directors believes that no client should be turned away due to finances.

The actual cost per lesson per rider is approximately $150. Up to two-thirds of the cost is subsidized by REACH. Scholarships are based solely on financial need, and we request your application be genuine and proven through the proper required documentation.

Scholarships are awarded on a yearly basis. Scholarship requests must be renewed annually by submitting a new Scholarship Application by **AUGUST 15** of each year. Applications not received by the August 15 date may be subject to a reduction in scholarship amount if eligible or no scholarship may be available. Scholarships will not be awarded retroactively. As part of the scholarship process a REACH instructor will conduct an evaluation for any new clients. The evaluation will not be conducted unless the completed scholarship documentation has been received by REACH. Also prior to the spring semester start date a summary letter/email will be sent to each existing scholarship recipient to confirm current financial status, any changes, updates, etc.

The scholarship committee reviews all completed applications. If necessary a meeting will be arranged with a committee member to review your application with you.

**All scholarship applications MUST include each of the following and WILL NOT be considered without all the required documentation:**

1. **Completed Scholarship Application Form**
2. **Income Verification\***

**Most recent federal tax return of working adult participant;**

**And if applicable:**

**Most recent federal tax return of working adult participant.**

**\*Submit the first 2 pages of the IRS income tax return (Form 1040). This should include the page that contains the taxpayer’s signature and Adjusted Gross Income (AGI).**

1. **Proof of income for all sources of income as requested on page 3 of the scholarship application form.**

All information provided on the Scholarship Application Form is kept in strict confidence. The Scholarship Committee reviews the applications and may find it necessary to request additional information.

Scholarships may be awarded in the form of credit toward the tuition for scheduled services; and if granted the participant will be notified prior to the first ride. Participants will be invoiced monthly, and payment is expected upon invoice receipt. If participants fall in arrears on payments, riding may be suspended until payment is received.

Scholarships are based solely upon need. Due to limited funds available, 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. While REACH strongly feels that no client should be turned away due to financial need, we award scholarships strictly on need-based and subject to existing funds availability. We strive to assist as many riders as financially possible with our scholarship funds. However, if you feel there are mitigating factors (single parent family, unusual medical needs, therapy billing, and other issues, etc.) you may submit support documentation along with the completed scholarship application for the committee to consider.

If a scholarship is granted to a client, consistent attendance throughout the semester is required. Multiple (three or more unexcused absences) may void all scholarship funds awarded for the semester.

**All scholarships will be given equal consideration based solely on need without regard to race, religion, color, national origin, sexual orientation, gender identity, medical condition, physical or mental disability, age, or any other basis protected by federal, state or local law, regulation or ordinance.**

**FINANCIAL INFORMATION**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individuals Responsible for Participant:

Parent/Guardian:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other – Relation to Participant:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 COMPLETED:**

**NO YES AMOUNT COPY OF PROOF**

(statements, pay

stubs, etc.)

Monthly Salary (Gross) \_\_\_\_\_ \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Salary (Gross) \_\_\_\_\_ \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Social Security \_\_\_\_\_ \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Social Security Disability \_\_\_\_\_ \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Participant Income \_\_\_\_\_ \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support \_\_\_\_\_ \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alimony \_\_\_\_\_ \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unemployment Compensation \_\_\_\_\_ \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicaid \_\_\_\_\_ \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pensions \_\_\_\_\_ \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

VA Benefits \_\_\_\_\_ \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability \_\_\_\_\_ \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housing Assistance \_\_\_\_\_ \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Assistance (SNAP, WIC, CHIP)\_\_\_\_\_ \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recurring Gifts \_\_\_\_\_ \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Benefits \_\_\_\_\_ \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investment Income \_\_\_\_\_ \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Other Monthly Income \_\_\_\_\_ \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL MONTHLY INCOME: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Total number of people (including yourself) that are being supported in the family: \_\_\_\_\_\_\_\_\_\_\_\_

(*Example: 2 adults plus 1 child applicant plus 3 other children = 6 total)*

Where does this applicant reside?

At home with family \_\_\_\_\_\_\_\_Alone \_\_\_\_\_\_\_\_Group Home\_\_\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_

Other:

Home is: \_\_\_\_\_owned \_\_\_\_\_\_\_\_\_rented

What is monthly payment or rent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is total amount of automobile payments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any other circumstances or financial obligations the committee should take into consideration? Please be as specific as possible.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client/Parent/Guardian/Other Responsible Person Signature Date**