***Therapeutic Program***

**Outreach Group Scholarship Application**

Chastain Horse Park is dedicated to offering our outreach services to all those who qualify, regardless of their financial circumstances. We strive to provide financial assistance to clients who are in need, in a fair and responsible manner. Prospective participants/organizations are expected to explore and utilize other options of financial support prior to submitting a scholarship application.

**Chastain Horse Park subsidizes 50% of all therapeutic program costs** to make equine assisted activities and therapies affordable to all, but even the typical nominal fee can be deterring for many individuals who live below the poverty line, therefore we provide additional support, in the form of scholarships, to ensure that these life-changing services are accessible to all people of all abilities, socio-economic standing, ethnicity, race and faith. Our scholarship fund, which can cost as much as $300,000 annually is completely subscribed so we are working tirelessly to ensure there is no break in programming for these individuals who benefit so much from their time here.

All information provided on the scholarship application is kept strictly confidential. A scholarship committee reviews the application and may find it necessary to request additional information. Scholarships are awarded in the form of credit toward the tuition for visits. We accept scholarship applications on a *quarterly* basis (deadlines: **February 15th, May 15th, August 15th, November 15th**). After the deadline submittal, the application will be reviewed and within 14 days you will be notified of your submission outcome.

Scholarships are based on availability of funds at the time of application, profile and need of the group and its participants. We reserve the right to limit the number of scholarships given to the same participating organization. We ask that each scholarship applicant consider contributing something back towards Chastain Horse Park.

You will be required at the end of your scholarship experience to complete a survey.

Requirements Checklist:

* + - * Complete & submit separate “Outreach Group Application”—\*Last two pages of that application are to be completed by individual group participants to be submitted to our offices no later than a week prior to the scheduled visit(s).
* Complete & Submit “Outreach Group Scholarship Application”

Please return your completed application to Chastain Horse Park

* **by mail** to: Chastain Horse Park, Attn: Scholarship Committee, 4371 Powers Ferry Road, Atlanta, GA 30327
* Or **by fax or email** to 404-252-1106 or [therapeutic.lessons@chastainhorsepark.org](mailto:therapeutic.lessons@chastainhorsepark.org)

If you should have any questions or concerns please contact us at [therapeutic.lessons@chastainhorsepark.org](mailto:therapeutic.lessons@chastainhorsepark.org) or 404.252.4244 ext. 2

Chastain Horse Park—Healing Through Horses

Together We Change Lives

**Application for Scholarship**

Organization/Group Name:

Is the organization applying for funding for multiple visits or a one-time experience?

Is this your organizations first time to apply for financial assistance? Yes No

What are the organizations traditional sources of funding: (please approximate the percentage)

\_\_\_\_ Fees for goods and/or services

\_\_\_\_ Individual donations and major gifts/private contributions

\_\_\_\_ Bequests

\_\_\_\_ Corporate contributions

\_\_\_\_ Foundation grants

\_\_\_\_ Government grants and contracts

\_\_\_\_ Interest from investments

\_\_\_\_ Loans/program-related investments

\_\_\_\_ Tax revenue

\_\_\_\_ Membership dues and fees

\_\_\_\_ Sponsorship

\_\_\_\_ Fundraising event(s)

\_\_\_\_ Other

How does your organization raise money or fund your programming?

CHP's outreach program aims to serve Atlanta's most vulnerable and marginalized communities. Please describe what makes your beneficiaries vulnerable or marginalized.

What are some goals you hope to achieve by your group participating at Chastain Horse Park?

Facilitating funding🡪 Please identify at least 1 person or organization that would potentially help fund/donate to the scholarship. Please include their name and contact information (email and phone number) in order for CHP to reach out to them directly. We also request permission to use your organization name and point of contact to call for reference.

**Letter of Benefits:**

Letter to be written by group contact explaining why you think the organization/group should be a candidate for this scholarship.

Please make sure that your letter includes the following and be specific:

* At least **3** reasons therapeutic horsemanship activities would benefit your group participants
* List other types of activities and therapies that your group participates in and how often
* Why should the group be considered for a scholarship

(Please use the space below or attach a separate sheet)

**Financials**

Organizations annual operating budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANNUAL INCOME**

|  |  |
| --- | --- |
| Sources of income/breakdown of support and revenue: | Amount |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**ANNUAL EXPENSES**

|  |  |
| --- | --- |
| Description | Amount |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

***Please attach an additional sheet if needed***

***► ANY falsification of these records will immediately negate the request for Scholarship.***

**Supplemental Commitment:**

The standard Outreach Group fee is **$50** per participant for each session

What level of financial support is your group able to contribute *per* *participant per visit*? $\_\_\_\_\_\_\_\_\_

**IMPORTANT – SCHOLARSHIP APPLICATION FORMS WILL NOT BE ACCEPTED WITHOUT SIGNATURE: I hereby state that the information shown on this scholarship application and any supporting documentation is accurate. If requested, I will sign an authorization for release of this information to Chastain Horse Park. I understand that any incorrect information will result in immediate termination of this request.**

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_Print name of signer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Thank You for your interest in Chastain Horse Park’s Therapeutic Riding Program. You will be notified of the outcome of your application within 14 days of the submittal deadline.*