**Therapeutic Riding Scholarship Application**

Chastain Horse Park is a non-profit 501(c)3 organization. Session fees are necessary to help defray the expenses of equine assisted activities and therapies and cover only half of the actual cost. CHP is dedicated to offering our services to all those who qualify, regardless of their financial circumstances. We strive to provide financial assistance to individuals who are in need, in an objective, fair and responsible manner. This scholarship opportunity is provided to clients who would not be able to participate without this financial support. Prospective participants and their families/guardians are expected to explore and utilize other options of financial support prior to submitting a scholarship application. The **Therapeutic Riding** **Scholarship Application** AND the **Therapeutic Riding Application** must be completed, or it will not be accepted.

Across the board, **Chastain Horse Park subsidizes 50% of all therapeutic program costs** to make equine assisted activities and therapies affordable to families, but as many of our clients are in need of financial assistance, 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 faiths.

**Our scholarship fund can cost as much as $300,000** 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 lessons. 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 10 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 rider and the student’s commitment**\***. We reserve the right to limit the number of scholarships given to the same participant, as our goal is to serve as many riders as possible. We ask that each scholarship applicant consider contributing something back towards Chastain Horse Park.

\*Student may not miss more than two sessions without a Physician’s note. No Shows/No Calls are subject to immediate dismissal.

Scholarship Funds are provided for therapeutic riders only. Participants must have a diagnosis and a physician’s referral to be eligible (see Therapeutic Riding Paperwork). You will be required at the end of your scholarship term to fill out a *Scholarship Renewal Request Form*.

Requirements Checklist:

* Section 1—“Application for Scholarship”—fill out form completely
* Section 2—“Financials”—state annual income from all sources (work, government, family support, trust, dividends, etc.) and SIGN
  + - * Section 3—“Letter from Participant or Parent/Guardian”—complete letter in provided space or attach a separate sheet
      * Section 4—“Volunteer Portion”—fill out form completely
      * Separate Packet—“Therapeutic Riding Paperwork”—fill out packet completely

Please return your complete application package and paperwork 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)

Thank you for your interest in Chastain Horse Park’s Therapeutic Riding Program. We appreciate your assistance in this application process and look forward to hearing from you.

*If participant applicant is under 18 years of age or a dependent adult, a parent/guardian must complete the application.*

*Section 1*

**Application for Scholarship**

Person completing application information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Day Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*OR*

Current Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Phone # of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Veteran or current service member? If so which Military Branch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: ⃝ Married ⃝ Single ⃝ Divorced

**If Participant is a minor or financially dependent on other individuals please complete the rest of the page, if not then proceed to *Section 2*.**

**PARENT/GUARDIAN**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Phone # of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Phone # of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please List anyone else who is a “provider” in the household**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Phone # of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list anyone else who is a “dependent” in the household, please include details if any of the dependents have a disability.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Section 2*

**Financials**

**MONTHLY INCOME (GROSS)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Names of Adult Household Members | Gross Monthly Earnings Before Deductions | Monthly Welfare Payments, Child Support, Alimony | Monthly Pensions, Retirement, or Social Security Payments | Any Other Monthly Income |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |

**MONTHLY EXPENSES**

|  |  |
| --- | --- |
| Mortgage – Rent – Association Fees | $ |
| Car Payments | $ |
| Medical/Dental/Vision Expenses | $ |
| Household Utilities | $ |
| Insurance (Health, Life, Auto, Other) | $ |
| Credit Card Payments | $ |
| Alimony or Child Support | $ |
| School Tuition or Day Program Tuition | $ |
| Other Expenses (Explain) | $ |
| Total Monthly Expenses | $ |

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

This application is for a scholarship at Chastain Horse Park for therapeutic riding lessons. The information will be kept confidential and will be made available only to the Scholarship Committee.

*Section 2 continued*

**Financials**

As a non-profit organization, Chastain Horse Park, strives to provide services to all qualifying individuals no matter their economic standing. All lessons at Chastain Horse Park are financially subsidized. We require a weekly commitment to lessons from all participants in the program. Our standard fees for the Therapeutic Program are as follows

|  |  |  |
| --- | --- | --- |
| Service | CHP Cost/lesson | CHP Fee Charged/lesson to Participant |
| Therapeutic Riding (single)  Monthly breakdown (~4.33 lessons) | $130  $563.29/month | $65  $281.66/month |

**Supplemental Commitment:**

What level of financial support are you comfortable giving *per* *lesson* received? $\_\_\_\_\_\_\_\_

**Please explain any extenuating circumstances:**

**IMPORTANT – SCHOLARSHIP APPLICATION WILL NOT BE ACCEPTED WITHOUT SIGNATURE:**

***I hereby state that the information shown on this scholarship application and any supporting documentation is accurate and true. 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 or Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Parent/guardian must sign if under 18yrs old or does not have capacity to contract)*

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

*Section 3*

**Compelling Information**

**Please identify three (3) things that applicant struggles with on a daily basis.**

**What are the applicant’s hobbies?**

**List other types of activities and therapies the applicant participates and how often.**

**List 3 reasons Therapeutic Horsemanship/Equine Assisted Activities would be beneficial for applicant:**

**Why should the applicant be considered for scholarship?**

*Section 4*

**Volunteer Portion**

The Therapeutic Program at Chastain Horse Park could not exist without the dedication of our wonderful volunteers. Volunteers play a significant role in the success of the program. We have several opportunities that you can assist with including but not limited to: office assistance, barn chores and maintenance, special events, lesson help (sidewalking & leading).

We ask that all applicants (or guardians) try to contribute their time or special skills towards the therapeutic program. Volunteer assignments are not guaranteed. The volunteer must complete all training requirements successfully before participating in the volunteer program.

What time can you donate to the Program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What special skills can you donate to the Program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank You for your interest in Chastain Horse Park’s Therapeutic Riding Program. You will be notified of the outcome of your application within 10-15 days of the submittal deadline.