



Beyond Limits Therapeutic Riding

Scholarship Application

If participant is under 18 years of age or a dependent adult, a legal guardian must complete the application.

All completed applications, along with supporting documentation, must be submitted via email to info@beyondlimitsriding.org.

Application Deadlines:

December 1st of the previous calendar year for each January – May semester

July 1st of the current calendar year for each August – December semester

Applicant Information

Full Name: _____ DOB: _____

School/Day Program: _____

OR

Current Employer & Title: _____

Marital Status: Married Single Divorced

If applicable, name of guardian completing application: _____

Relationship to participant: _____ Phone #: _____

Email: _____

How many dependents reside in the household of the applicant? _____

Does the applicant have reliable transportation? (circle one) YES or NO

Financials

The first page of the most recent income tax return for the applicant's guardian is required. Please submit with application.

Monthly Household Income: \$ _____

Total must include employment earnings, welfare payments, child support, alimony, pensions, retirement, SSI, and ANY additional sources of income for ALL household members

Monthly Expenses: \$ _____

**Total includes mortgage/rent, car payments, medical/dental/vision expenses, household utilities, insurance, alimony/child support, school tuition/day program tuition, and other monthly expenses.*

ANY falsifications of these records will result in immediate disqualification from scholarship opportunity

This application is for scholarship at Beyond Limits Therapeutic Riding only. Financial information provided will be kept confidential and made available only to the scholarship committee and necessary personnel.

You may be contacted by members of the scholarship committee to provide further verification/information regarding reported income and expenses.

Beyond Limits Therapeutic Riding subsidizes all lessons regardless of scholarship status. As a result, our program requires consistent attendance to scheduled lessons. Inconsistent attendance may result in revocation of scholarship funds awarded.

Rider cost per lesson without scholarship:

30-minute lesson: \$40.00

60-minute lesson: \$70.00

Scholarship funds awarded will be applied to lessons rather than dispersed to families

Supplemental commitment:

What level of financial support are you comfortable giving per lesson? \$_____

Please explain any extenuating circumstances that affect your financial status:

Please sign below attesting to the accuracy of all financial information provided:

Applicant/Guardian: _____ Date: _____

Print Name: _____

Medical

Diagnosis/Concerns: _____

Has the applicant applied for financial assistance from any other organization (ex: Cobb Community Foundation, Highland Rivers, Acumen, Easter Seals, Deeming Waiver Medicaid)? YES or NO

If yes, please list all applied for: _____

**Please note: If the rider has an Autism Spectrum Disorder diagnosis, he/she must have applied and been denied by Highland Rivers in order to qualify for scholarship through BLTR. Please include the denial letter with this application.*

Does the applicant currently receive any other therapeutic services (ex: physical therapy): YES or NO

If yes, please explain: _____

Is the applicant involved in any other recreational activities? YES or NO

If yes, please explain: _____

Does the applicant receive school-based services via an IEP or otherwise? YES or NO

Does the applicant have a Behavior Intervention Plan (BIP) currently in place? YES or NO

If yes, please provide a copy along with application submission.

Please describe any additional information regarding medical history/status that the applicant feels our scholarship committee should be aware of:

Compelling Information

Please identify 3 things that the applicant struggles with on a daily basis:

- 1.
- 2.
- 3.

What are the applicant's hobbies?

Therapeutic horseback riding can be beneficial for a wide variety of reasons, socially, physically, and otherwise. To the best of your ability, list 3 reasons you think the applicant could benefit from our program:

- 1.
- 2.
- 3.

Why should the applicant be considered for scholarship?

Submission Checklist

All of the following documents must be included *in addition to the completed application by the submission deadline* in order for the application to be considered. Please use the below checklist to ensure all are included prior to submission.

- _____ First page of the applicant/applicant's guardian(s)'s most recent tax return to verify reported household income
- _____ The applicant's Behavior Intervention Plan (BIP) if applicable
- _____ Denial letters from Highland Rivers/Cobb Community Foundation/any other available scholarship funds available to the rider

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application may result in revocation of scholarship funds awarded.

Signature of Applicant/Guardian: _____ Date: _____

Print Name: _____

Scholarship Agreement

Please read the below statements carefully, and sign to acknowledge/accept.

- Scholarship recipients **must** notify Beyond Limits Therapeutic Riding **immediately** upon any change in financial status/income. Updated income/financial information must be sent in writing, via email, along with supporting documentation, to info@beyondlimitsriding.org. Failure to notify Beyond Limits of a change in income will result in revocation of funds granted and disqualification from future scholarship.
- Scholarship funds awarded will be valid for a single semester, January – May or August – September, contingent upon application date. Semesters begin 1/1 and 8/1 respectively.
 - For consideration for the January – May scholarship semester, applications, along with **all** supporting documentation, must be submitted via email to info@beyondlimitsriding.org no later than 12/1 of the previous calendar year.
 - For example, for consideration for scholarship for the January – May 2024 semester, applications, along with all supporting documentation, must be submitted via email no later than 12/1/23.
 - For consideration for the August - December scholarship semester, applications, along with **all** supporting documentation, must be submitted via email to info@beyondlimitsriding.org no later than 7/1 of the current calendar year.
 - For example, for consideration for scholarship for the August – December 2023 semester, applications, along with all supporting documentation, must be submitted via email no later than 7/1/23.
- Scholarship recipients **must** re-apply each semester to be considered for continuing scholarship funds. Approval for a given semester does not guarantee future approval. Current recipients must re-apply each semester, adhering to the above-detailed deadlines, for all future applications.
- If applications exceed available scholarship funds, previous recipients may be denied approval for one or more current/future semesters in order to fairly and equally disperse available funds to all qualifying riders.
- Poor/inconsistent attendance for scheduled lessons funded by scholarship will result in revocation of funds granted and disqualification from future scholarship. Enforcement of attendance/punctuality, and subsequent revocation of funds/disqualification of future scholarship, will be left to the discretion of each instructor.
- To qualify for current and future scholarship consideration, all information (medical, financial, and otherwise) provided on this application must be complete and accurate. The applicant/responsible party must make Beyond Limits Therapeutic Riding aware of any changes to the information provided within this application immediately. Failure to notify Beyond Limits of a change to the contents of this application will result in revocation of funds granted and disqualification from future scholarship.
- The applicant's current account standing with Beyond Limits Therapeutic Riding will be made available to and considered by the Scholarship Committee. In the absence of extenuating circumstances (subject to Committee review) resulting in an overdue account balance (any extenuating circumstances should be included in the "Financials" portion of the application), an outstanding balance at the time of application will result in disqualification from scholarship consideration. In the event of the afore-mentioned extenuating circumstances subject to review by the committee, scholarship funds *may* be eligible to apply to the rider's past balance. In the absence of extenuating circumstances (subject to Committee review), applications for scholarship funds to pay past balances will not be considered.

By signing below, you acknowledge and accept **all** above statements. You also agree to the **future responsibilities** detailed by the above statements, should the applicant be granted scholarship as a result of this application.

Signature of Applicant/Guardian: _____ Date: _____

Print Name: _____