



## 2022 APPLICATION FOR FINANCIAL ASSISTANCE

(FILL OUT ONLY IF APPLYING FOR ASSISTANCE)

Our organization is primarily funded through our wonderful donors. The barn fees for Royal Gold Ranch are reduced considerably from the actual cost of providing the care for the Ranch. This subsidized rate is an effort to make the benefits of equine-related activities as affordable as possible to everyone. Scholarships are intended to be a *Saddle UP*, participants are expected to contribute to their own barn fees and/or to seek third party funding. Students who still cannot cover the full cost of programming, may apply for a *Saddle UP Scholarship* to assist them. Decisions are based on a combination of factors including financial need, anticipated benefits to the participant, the commitment to attending each session, and available scholarship funds. However, preference is given to those who demonstrate financial need &/or circumstances that hinder their participation without financial assistance. Scholarships are awarded to assist in the cost of barn fees for any therapy program. Scholarship monies awarded will not be refunded, credited towards student's financial responsibility, or carried over into the next year. Scholarships can only be applied for prior to program set dates. Applications will be processed only after all information is submitted and application is filled out completely.

### DEMOGRAPHICS

Participant Name \_\_\_\_\_ Program Enrolled in \_\_\_\_\_  
Is this Participant: \_\_\_\_\_ Under 18 \_\_\_\_\_ Over 18, but a Legal Dependent \_\_\_\_\_ Independent Adult  
Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_ City State Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### FUNDING RESOURCES

Have you applied for Third Party Assistance for this Program? **Y or N**

If yes, what organization and how much were you awarded? (see [triohio.org/scholarship-resources](http://triohio.org/scholarship-resources))

### HOUSEHOLD INFORMATION (tax return may be requested)

\$ \_\_\_\_\_ Total monthly income\* (Household)      \$ \_\_\_\_\_ Total Monthly Expenses  
\$ \_\_\_\_\_ Total yearly income\* (Household)

\*Include all sources of income such as Federal and State Assistance, Alimony, Child Support, Wages, etc....

# of Dependents in Household \_\_\_\_\_

Does this participant live with both parents? **Y or N**      Is in a group home? **Y or N**

How much can you afford to pay for Equine Assisted Services? \$ \_\_\_\_\_ Per Week      \$ \_\_\_\_\_ Per Program

**NEED for ASSISTANCE**

Please include a statement of need, financial hardship or circumstances that demonstrate why a scholarship is needed for the applicant to participate?

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

What benefits do you see in participating in therapeutic riding or nature-based setting?

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

I verify that all the information submitted is correct, complete, and accurate. If my situation changes, I agree to notify New Hope Therapy within 30 days. If I submit false or inaccurate information or fail to notify New Hope Therapy of changes within 30 days, I may be terminated from the program.

Signature of Participant or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Approval could take up to 30 days

**Please Submit Application to:**

**Anchored on the Range Program Director via email: [AnchoredontheRange@gmail.com](mailto:AnchoredontheRange@gmail.com)**

Or submit into office at New Hope Therapy:

4328 Central Ave, Suite M, Hot Springs, AR 71913

**FOR OFFICE USE ONLY** 

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Staff Receiving: \_\_\_\_\_ Date \_\_\_\_\_

Scholarship Applied for Program and Total Barn Fees Covered \_\_\_\_\_

New applicant \_\_\_\_\_ Renewal \_\_\_\_\_

Program Director Recommendation

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

**FINANCE COMMITTEE**

Scholarship Awarded: **Y or N** Amount: \$ \_\_\_\_\_

If denied, reason: Awarded Previously \_\_\_\_\_ Insufficient Funds \_\_\_\_\_ Incomplete Application \_\_\_\_\_

\*\*Request Income Tax Forms \_\_\_\_\_ Date Requested \_\_\_\_\_

**STUDENT INFORMED DECISION**

Date \_\_\_\_\_ Who \_\_\_\_\_

Contact: Email \_\_\_\_\_ Called \_\_\_\_\_ Mailed Letter \_\_\_\_\_