Grant & Scholarship

QUALIFICATION FORM

A household includes the number of people in the home who would be eligible to file taxes as a single group

Client Name: _____ Client Age: _____

Who referred you? _____

Client Race:

- ☐ White/Caucasian
- ☐ Hispanic
- ☐ Native American
- ☐ African American
- ☐ Asian
- ☐ Two or More Races
- ☐ Other: _____
- ☐ Prefer Not To Say

There are # _____ people in my household. The household income is $ _____

- ☐ Monthly
- ☐ Yearly

Are you a Utah Resident? ☐ Yes ☐ No

Do you live more than 10 miles from the Desert Sky Equine Connection Ranch? ☐ Yes ☐ No

Have you lived in Utah for at least 12 months? ☐ Yes ☐ No

Do you have any medical/health insurance? ☐ Yes ☐ No

If **yes**, does your health insurance cover animal-assisted therapy services? ☐ Yes ☐ No

Is any member of the household qualified for any of the following programs?

- ☐ SNAP / Food Stamps
- ☐ TANF
- ☐ Free or Reduced School Lunch
- ☐ Medicaid / CHIP
- ☐ Social Security Disability / SSI
- ☐ Other: _____
- ☐ None of these

For Office Use Only

- ☐ Grant FPL 100
- ☐ Scholarship FPL 101-200
- ☐ Community Partner Program