

APPLICATION FOR SCHOLARSHIP FUNDS

Paws for Reflection Ranch is dedicated to making our services available to all who can benefit from them. Through donations and grants, Paws for Reflection Ranch is able to offer financial assistance in the form of adjusted fees to individuals who qualify. Scholarships are based upon financial need and availability of scholarship funds. We expect your request for a scholarship to be genuine and proven quantitatively and fairly by the inclusion of your most recent year IRS Tax Return. All information submitted within your application will be treated confidentially. Scholarship requests may be submitted anytime during the year and are limited to 16 sessions. A new application may be submitted after the 12th session of the current scholarship award period. It is the responsibility of the applicant to initiate the process for renewal.

Applications for scholarships **MUST INCLUDE**: Incomplete applications will **not** be reviewed.

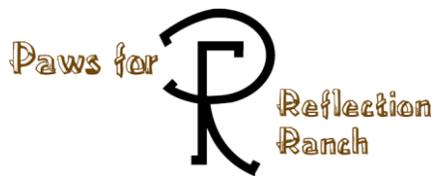
1. Completed Scholarship Application Form
2. The most recent IRS income tax return and most recent paycheck stub(s) for the responsible party
3. A letter to the scholarship committee explaining your need for a scholarship
4. A copy of current military ID or DD-214 if applicant is a veteran or current military ID for veteran dependent

Scholarship applications will be reviewed by the Paws for Reflection Ranch Scholarship Committee. The HUD Financial Guidelines will be used for scholarship eligibility.

SCHOLARSHIP EXPECTATIONS

Scholarship candidates agree to the following:

1. Attendance is mandatory at all scheduled therapy sessions. Advanced notification for cancelling or rescheduling sessions is required. An unexcused absence may result in termination of scholarship funding.
2. Punctuality for therapy sessions is mandatory. Being tardy more than twice may result in termination of scholarship funding.
3. Scholarships are limited to 16 weeks. A new application may be submitted after the 12th session of the current scholarship award period. It is the responsibility of the applicant to initiate the process for renewal. Without renewal the price will return to the standard rate on the 17th session.
4. Upon completion of services supported by a scholarship, the client or guardian will be asked to give a short testimonial of how the funds have made a difference. Testimonials may be utilized to request grant funding to support the Ranch. The client's name(s) will be kept confidential and not disclosed.



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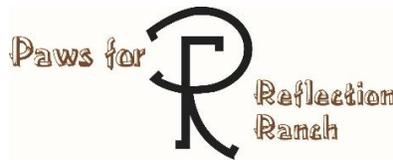
Client Information			Today's Date: / /	
First Name:	Middle:	Last:	Other names:	
Home Address:		City:	State:	Zip:
Mailing Address:		City:	State:	Zip:
Home Phone #: () -		Other Phone #: () -	Name of person completing form:	
Date of Birth: (client) / /		Social Security # (client) - -	Does client have insurance? (circle one) Yes No	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> In a relationship <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			

For which program are you applying for scholarship?

- Therapeutic Horseback Riding
- Equine/Animal Assisted Counseling
- Play Therapy
- Traditional Counseling

Household Size		
Name	Date of Birth	Social Security Number
	/ /	- -
	/ /	- -
	/ /	- -
	/ /	- -
	/ /	- -

Household Income					
Name	Amount	Frequency (Circle one)	Employer:		
You	\$	Weekly Monthly Yearly			
Spouse	\$	Weekly Monthly Yearly			
Children	\$	Weekly Monthly Yearly			
Other	\$	Weekly Monthly Yearly			
	\$	Weekly Monthly Yearly			
TOTAL	\$	Weekly Monthly Yearly			
Other Income	You	Spouse	Children	Other	Subtotal
Social Security					
Public Assistance					
Retirement Pension					
Food Stamps					
Child Support, Alimony					
Interest Income					
Other					
				TOTAL	\$



Please list any special medical needs to be considered. _____

Describe your ability to attain transportation to weekly sessions and include any reason that would impact your ability to attend sessions regularly. _____

Please list any special circumstances that you would like the scholarship committee to take into consideration.

Please sign and date below.

I understand that _____ (name of scholarship recipient) may forfeit his/her Paws for Reflection Ranch scholarship if late to session more than twice or a session is missed without proper advance notification or if there are changes in our financial situation.

I certify that all of the information provided in this document is true and correct.

Responsible Party - Print Name: _____ Relationship to applicant: _____

Signature: _____ Date: _____

For office use only

DATE APPROVED	SERVICE APPROVED	% APPROVED	FUNDING SOURCE	APPROVED BY