

**MANEGAIT THERAPEUTIC HORSEMANSHIP  
FINANCIAL ASSISTANCE APPLICATION**

This application is for financial assistance at ManeGait Therapeutic Horsemanship ("ManeGait"). The information will be kept confidential and will be made available only to the ManeGait Scholarship Committee.

Financial Assistance awards are based solely upon need. Due to limited funds we ask all applicants for financial assistance to make a careful assessment of their financial needs. Final determination of financial assistance awards will be based on the demonstrated financial needs of the applicant and the funds available for scholarship.

It is important that an application be filed as early as possible prior to the start of the semester. All requested information must be provided. We cannot consider this application until all material has been submitted.

**Please note that the 'Applicant' is the individual who will be riding or receiving the lessons.**

**A) Information about Applicant:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has Applicant earned any income in the last 2 years? \_\_\_\_\_ If so, state all sources of Applicant's income for the last 2 years:

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

(If minor or incapacitated person) Parent or Legal Guardian Name(s): \_\_\_\_\_

Please list all persons who regularly provide financial support to Applicant:

Name	Relationship to Applicant
_____	_____
_____	_____
_____	_____
_____	_____

**B) Information About the Person Filling out this Application:**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Best Way to Reach You about this Application: \_\_\_\_\_

\_\_\_\_\_

**C) Information about Persons Providing Financial Support to Applicant**

**The following Information must be answered by each person who provides regular financial assistance to Applicant. Please make or request additional copies of this sheet for each person. If Applicant earns any income, this information must also be answered by or for Applicant.**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Best way to contact: \_\_\_\_\_

List all persons dependent upon your income:

Name	Age	Relationship	Reside with you?
_____			
_____			
_____			
_____			

Please identify below any other information or circumstances you wish the Scholarship Committee to consider with this Application:

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

What percent of Financial Assistance are you requesting?      25% \_\_\_\_\_ 50% \_\_\_\_\_ 75% \_\_\_\_\_

Please complete the attached worksheet. Upon request by the Scholarship Committee, you may be asked to provide additional documentation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<b>ManeGait Financial Assistance Worksheet</b>	
<b>Monthly Household Income</b>	<b>Net Amount</b>
Wages	
Applicant Benefits	
Applicant Child Support	
Other:	
Net Monthly Total	
<b>Monthly Household Expenses</b>	
Rent/Mortgage	
Car(s)	
Fuel/Transportation Cost	
Insurance	
Food	
Childcare	
Uninsured Medical	
Utilities	
Educational	
Child Support/Alimony	
Other:	
Net Monthly Total	

\*\*\*\* Please state the NET amount for both the Income and Expenses.