



## Open T.R.A.I.L. Ranch Scholarship Application Checklist

I have completed the relevant questions and signed the application.

I have included a copy of one of the following to support my application:  
***Applications submitted without this information will not be reviewed until it is submitted.***

The first page of my most recent Federal Tax Return

A copy of a recent SSI or other government assistance check

I have signed all participant registration forms and handbook

I am submitting this application 1 month prior to the beginning of the session and I understand that I will need to renew my application for each session I/the participant participates.

Who is the party responsible for paying for your Open T.R.A.I.L. Ranch lesson fee and submitting this application? *(Please print name)* \_\_\_\_\_

Parent

Guardian

Other (please identify) \_\_\_\_\_

Please return completed application to:

**Open T.R.A.I.L. Ranch, 28710 Boerne Stage Road, Boerne, TX 78006**

If you have any additional questions or comments please contact Kate Vasquez at (210) 367-8248.

# Open T.R.A.I.L. Ranch Scholarship Application

The resources for Open T.R.A.I.L. Scholarships are limited and dependent on availability of donated funds. We try to provide financial assistance to those participants who cannot afford the fee. However, we do request that participants make any possible payments before the end of the session.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Parent/Guardian/Caregiver: \_\_\_\_\_

Address if different than rider: \_\_\_\_\_  
Street City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Please mark the session(s) that you are applying for:

\_\_\_\_ Spring      \_\_\_\_ Summer      \_\_\_\_ Fall      \_\_\_\_ Winter

Please make the program you are applying for:

\_\_\_\_ Group Class      \_\_\_\_ Semi-Private Class      \_\_\_\_ Private Class

\_\_\_\_ Therapeutic Riding      \_\_\_\_ OT      \_\_\_\_ SLP      \_\_\_\_ Equine Assisted Learning

Family Income: \_\_\_\_\_

\*Please attach the first page of your most recent Federal Income Tax and recent SSI or other government assistance check if applicable

Where does the rider reside? \_\_\_\_ At home with family      \_\_\_\_ Alone      \_\_\_\_ Other

(Please describe) \_\_\_\_\_

Total number of family members living in the household \_\_\_\_\_

Are any other family members disabled? \_\_\_\_ Yes \_\_\_\_ No

If you answered yes to this question please provide details: \_\_\_\_\_

\_\_\_\_\_

Have you received a scholarship from Open T.R.A.I.L. Ranch in the past?  Yes  No

How many sessions have you been at Open T.R.A.I.L. Ranch? \_\_\_\_\_

Do you receive financial assistance from any other agency or organization for lessons?

Yes  No If yes, where do you receive assistance: \_\_\_\_\_

Are there any unusual medical needs we should consider?  Yes  No

If yes explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other activities or therapies that are an out-of-pocket expense: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe in detail any **Mitigating Factors** that should be taken into consideration:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain why you believe this program will be beneficial for the applicant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A.** Scholarships are available for all services that Open T.R.A.I.L. Ranch offers (all Adaptive Riding, OT, SLP, Equine Assisted Learning). A participant may apply for one class type per session.

**B.** The maximum amount of scholarship that will be awarded is based on the following income:

Adjusted Gross Income (combined)	Financial Assistance Amount	Participant Pays
\$0 – \$19,999	75%	25%
\$20,000—\$34,999	50%	50%
\$35,000--- \$49,999	25%	75%
\$50,000 +	0%	100%

**C. The maximum award for the summer session is 50% of the session fee**

**D.** Additional consideration is given for **mitigating factors**, which could impact the sum granted. These include: five or more people in the family, more than one disabled family member, single parent family, or unusual medical needs.

**E.** All assistance is granted by the decision of the Scholarship Committee. Once the committee decides the participant will be notified in writing as soon as possible prior to the beginning of the session.

**F.** All scholarship applications **must** include the first page of the most recent IRS income tax return or a copy of an SSI or other government assistance check and participant registration forms. If the participant is a minor, the tax income return for the parent/legal guardian is required. **Applications not containing financial information and registration forms will not be considered by the committee.**

**G. Financial assistance is awarded for the current session only. A new application MUST be submitted for each session;** it should be submitted no later than 1 month prior to the beginning of the current session. No renewal will be considered if there is a balance due.

**I. All applications received by Open T.R.A.I.L. Ranch will be held in the strictest of confidence.**

By submitting this information and signing below:

I \_\_\_\_\_ (please print first and last name) agree to all of the criteria outlined in this application. In addition, I have answered all questions to the best of my knowledge.

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Applicant Signature or Parent/Guardian/Caregiver

Date