



Program Scholarship Application

PLEASE FILL OUT THIS FORM COMPLETELY AND SUBMIT WITH THE REQUIRED ITEMS TO:
Scholarship Administrator
LEAD with Horses
19440 Annie Lane
Reno, NV 89521
Email: Jeane@leadwithhorses.net

Date of Application: _____

Program Scholarship Guidelines:

- Applicants are evaluated without regard to race, religion, natural origin, sex or ability.
- Funding is limited and scholarships are not guaranteed to all applicants.
- Staff of LEAD with Horses and their children are not eligible for scholarship assistance.
- Incomplete applications will not be reviewed.
- Scholarships will be awarded based on qualifying circumstances.

Program Scholarship Recipient Requirements:

- Submit completed application
- Submit financial documentation demonstrating need (if applicable, for need based) - copy of most recent tax return (please black out social security numbers)
- Submit documentation demonstrating qualifying group (if applicable, for children in foster care and children of veterans)
- Complete and submit a survey before and after participation in the program

Please fill out one form per child.

Student Information

Name of Child Date of Birth

Address City/State/Zip.

Phone Family email

Grade School

Scholarship Type:

- Need Child of Veteran Child in Foster Care

What do you hope your child will gain from this experience?

How many children currently live in the household? _____ Please list their ages: _____

REQUIRED FAMILY INFORMATION

Guardian 1 Name

Address City/State/Zip.

Place of Employment

Guardian 2 Name

Address City/State/Zip.

Place of Employment

Please indicate your total annual household income from all sources (including wages, interest income, investments, alimony, child support, social security, public assistance):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Below \$10,000 | <input type="checkbox"/> \$20,001-\$25,000 | <input type="checkbox"/> \$35,001-\$40,000 | <input type="checkbox"/> \$50,001 - \$55,000 |
| <input type="checkbox"/> \$10,001-\$15,000 | <input type="checkbox"/> \$25,001-\$30,000 | <input type="checkbox"/> \$40,001-\$45,000 | <input type="checkbox"/> \$55,001-\$60,000 |
| <input type="checkbox"/> \$15,001- \$20,000 | <input type="checkbox"/> \$30,001-\$35,000 | <input type="checkbox"/> \$45,001-\$50,000 | <input type="checkbox"/> \$60,001-\$65,000 |
| | | | <input type="checkbox"/> Over \$65,000 |

Are there any extenuating circumstances, permanent or temporary, that make financial assistance necessary at this time?

Are other family members currently applying for scholarships?

- Yes No

Has anyone in your family previously received financial assistance through our scholarship fund?

- Yes No

If yes, when? _____ How much was received? \$ _____

Fee Amount you are requesting: \$ _____

In addition to the fee, how much can you contribute? \$ _____