

# Friends for Therapeutic Equine Activities Scholarship Application Form

## Applicant (please print)

Name: \_\_\_\_\_

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

Street: \_\_\_\_\_

Phone #: \_\_\_\_\_

City: \_\_\_\_\_

State / Zip: \_\_\_\_\_

## Financial Summary

Total Gross Income for Prior Three (3) Years: \_\_\_\_\_

\$ \_\_\_\_\_

Total Estimated Gross Income for Current Year \_\_\_\_\_

\$ \_\_\_\_\_

Total Gross Income for Prior Three (3) Months \_\_\_\_\_

\$ \_\_\_\_\_

Estimated Expenses for Therapeutic Activities for Current Year \_\_\_\_\_

\$ \_\_\_\_\_

Does the Applicant receive any government or provisional funding to support FTEA activities?

Yes  No

## Value of Program for Participant

Please explain how FTEA will help the Applicant in the following ways. Please DO NOT refer to the Applicant by name. Please print.

Physically - \_\_\_\_\_

Intellectually - \_\_\_\_\_

Socially - \_\_\_\_\_

Emotionally - \_\_\_\_\_

Other - \_\_\_\_\_

## Signatures

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_