



## Tuition Scholarship Information & Application

Hearts Therapeutic Equestrian Center is dedicated to serving adults and children with various disabilities through the use of therapeutic horseback riding. Hearts understands that some riders may require financial assistance to pay for lessons. Therefore, Hearts offers a need-based, partial scholarship for those unable to afford the total cost of tuition.

Although Hearts may accommodate riders without disabilities in a limited number of classes, persons with disabilities are always given priority when space is limited, and are the sole recipients of scholarship assistance.

Please complete the attached forms, and be sure the following qualifications are met:

- 1) An instructor assessment will be carried out to determine if lessons will provide measurable and beneficial results to the student before the scholarship process begins.
- 2) Applicants must have a physical, psychological or cognitive disability as determined by a physician.
- 3) Applicants must be a resident of Santa Barbara County.
- 6) Students must attend classes regularly, and call in advance if a lesson will be missed.
- 7) Completed applications and full financials must be submitted annually between June and September for consideration.

All applicants are asked to contribute as much as possible toward their tuition. Final determination of a scholarship is based on the applicant's need, as determined by the Scholarship Committee. All information provided will be kept confidential.

**For any questions or concerns please call (805) 364-6238, or email [susan@heartsriding.org](mailto:susan@heartsriding.org).**



## Tuition Scholarship Application

**All items contained in this assessment are strictly confidential  
and will become part of this participant's record.**

Name:	Mailing Address:
Email:	Primary Contact #:
Parent/Caregiver/Legal Guardian Name & Relationship to Applicant:	Parent/Caregiver/Legal Guardian Address (if different from above):
Parent/Caregiver/Legal Guardian Phone:	Parent/Caregiver/Legal Guardian Email:
Participant Resides With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian <input type="checkbox"/> Self	Number of Dependents in Household:
Are there dependents with disabilities in the household, and if so, how many?	Current Household Annual Income: \$ _____

How long have you been riding at Hearts? \_\_\_\_\_

Has the participant applied for a Hearts scholarship prior to this?     Yes     No

If yes, date of last application \_\_\_\_\_, and percentage scholarship received:  
\_\_\_\_\_ %



**Please provide the following documents:**

- Federal taxes from last year. Please attach all relevant 1040 forms.
- If household income has changed since federal taxes were filed last year, please attach any of the following relevant documents: two months of income, including pay stubs; documentation of government assistance; a layoff notice; documentation of any other income (such as SSI, SSDI, Social Security Benefits, pension, child support, student loans, etc.).

**Tell us more.** Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

I can afford to pay: \_\_\_\_\_/month. I want/need a Hearts Scholarship because:

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I certify that the information in this application is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only**

Past year's attendance: \_\_\_\_\_ Amount Granted: \_\_\_\_\_ Date: \_\_\_\_\_

Weighted Score: \_\_\_\_\_ Scholarship % Received: \_\_\_\_\_

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