

# Hope Ranch, Inc.

Hope Ranch Therapeutic Riding Centers

3841 W. 69th Ave Manhattan, KS 66503 785.587.8180

7250 SW Douglas Rd Topeka, KS 66610 785.477.2281

A Non-Profit Corporation (501c3) Tax ID #: 20-4837483

## Financial Assistance Annual Request Form

It is in the hearts of our Founders and Board of Directors that all individuals should ride regardless of ability to pay. We try to make that truly possible by providing financial assistance through a scholarship fund. Complete the application to determine your eligibility.

Due to the increasing number of scholarship requests, Hope Ranch awards full scholarships during extreme financial situations only.

Please complete the application in full and submit required paperwork. Applications without supporting financial statements will not be considered.

Scholarships are awarded on a yearly basis.

### 1. Please enter your information.

First Name:	Last Name:	Date of Birth:	Application Date
_____	_____	_____	_____
Email:		Request for: (check one)	
_____		<input type="checkbox"/> Session Scholarship <input type="checkbox"/> Annual Scholarship	
		<input type="checkbox"/> Other	
Amount: (check one)		Is the participant: (check one)	
<input type="checkbox"/> Partial Scholarship <input type="checkbox"/> Full Scholarship <input type="checkbox"/> Other		<input type="checkbox"/> A current Participant at Hope Ranch	
		<input type="checkbox"/> A new Participant	
Number of members in household:		Have any other members in your household been diagnosed with special needs? (Please list)	
_____		_____	

## Financial Information

### 2. Please fill in all sources of income that are received in applicants household.

Applicant's yearly salary from employment:	Other sources of employment income in household:	Other yearly social security benefits:
_____	_____	_____
Total yearly alimony paid to household members:	Total yearly child support paid to household members:	Otherly yearly income received by applicant:
_____	_____	_____
Other yearly income received by household members:		
_____		

**3. Please fill in all monthly expenses in applicants household.**

Monthly Rent/Mortgage

Monthly Utilities

Monthly Uninsured Health Care Expenses

Monthly vehicle loan payments and other related expenses

Misc. expenses (alimony, child support, groceries, etc.)

**4. Please explain why you are applying for a scholarship at Hope Ranch:**

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**5. Please describe how the recipient of our scholarship will benefit from the program (pay special attention to this question and provide a detail response):**

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**6. Pay special attention to the question above. Provide a detailed response. If you need more room, please upload an additional word document. If you are viewing this as a pdf file, please attach a separate sheet of paper.**

**7. List any special circumstances that impact your financial situation (i.e. emergency situations, employment instability, etc.):**

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In order to establish financial need we accept any of the following documentation for applicants:

- W-2
  - SSI
  - Previous year's tax return showing income at or below 150% of the 2018 Federal Poverty Level
  - Last two pay stubs from all sources of employment income in the household
- \*If applicant is a dependent, documentation should be in Parent/Guardians name.

8. Please submit enough documentation to adequately prove yearly income as stated in application. (If you are viewing this as a pdf file, please submit required paperwork with the application.) Applications submitted without supporting financial documentation will be returned to the applicant.

By applying for Hope Ranch financial assistance you understand there is an agreement on your part to attend weekly riding lessons. If you are unable to attend your scheduled riding lessons, you are required to contact the Program Coordinator or Director of Operations to make them aware of your absence with 24 hour notice.

Scholarship recipients are allowed 3 excused absences in a single session. If the recipient cancels without 24 hour notice or no-shows a lesson 3 times, the scholarship will be withdrawn and the recipient will be removed from lessons and put on the bottom of the waitlist.

I certify that all the information I have provided to Hope Ranch is true and accurate to the extent of my knowledge.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

# Office Use Only

This portion to be filled out by Hope Ranch Staff responsible for determining scholarship eligibility.

9. Scholarship Decision <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Amount of Scholarship Awarded _____	Approved by: _____
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Comments about Scholarship Application

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Director of Operations Signature

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Signature

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Date