



UpReach Therapeutic Equestrian Center, Inc.

153 Paige Hill Road, Goffstown, NH 03045
603.497.2343 FAX: 603.497.5367



UPREACH SCHOLARSHIP APPLICATION

Dear UpReach Scholarship Applicants:

UpReach recognizes the many financial challenges of our riders and families. However, decreases in the availability of grants and other funding, in addition to the steadily increasing demand on the UpReach Scholarship fund make it impossible to honor all of our applicants requests for financial assistance.

Therefore, it has become necessary for us to adjust the criteria for approval of scholarship funding.

- Families with combined incomes of \$50,000 - \$65,000 who have 2 or fewer children are welcome to apply but are unlikely to receive funds.
- Families with combined incomes of \$65,000+ are ineligible for the UpReach Scholarship program except under extenuating circumstances. Families in these situations should speak with the Executive Director before submitting an application.
- Families with incomes of \$50,000 or less will not automatically receive scholarship funding. Therefore, we strongly recommend that all applicants explore alternative sources of financial assistance now and in the future.

Feel free to speak with the Executive Director regarding flexible payment options and other funding resources which may be available to ensure that you or your child can continue to ride.

As a small non-profit organization, UpReach continues to struggle to obtain the funding necessary to support the program. Your assistance in making timely payments, supporting fundraising events and volunteering to serve on committees all contribute to our ability to continue to provide these specialized therapies. Please speak with any staff member about how you can help.

Thank you,

UpReach Scholarship Committee

ATTENTION

INTERESTED SCHOLARSHIP APPLICANTS

Applications are available in the office and the viewing room.

If you are in need of financial aid to help pay for your session fees, please fill out in full (please print) the Scholarship Application Form and return it to the UpReach offices as soon as possible for consideration. New applicants will only be considered once they have been contacted by the Program Director for session scheduling. Scholarship applications are accepted on a rolling basis. However, funding is only disbursed one term at a time and based on available funds.

Only applications that are completed in full with records of earnings attached will be considered.

If you have any questions, please contact UpReach at 603.497.2343

Please send completed form and financial information to:

UpReach Scholarship Committee

P.O. Box 355
Goffstown, NH 03045

You may FAX the completed form and financial information to UpReach at 603.497.5367 or Email to:
karen@upreachtrc.org

Please note: If you have any unused scholarship money from previous terms, it is not carried over to the next funding period and will be returned to the general scholarship fund.

This application **MUST** be filled out completely. All requested forms and letters must accompany this application.

Applicant's Name: _____ Date of Birth: ____/____/____
Address: _____ City: _____ State: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____
Cell Phone: _____ Email: _____

If Applicant is Dependent

Parent or Guardian Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____
Cell Phone: _____ Email: _____
Number of Persons in Household: _____ Number of Dependent Children _____
Number of Other Dependents: _____ Relationship: _____

Do any other household members (do not include applicant) have special needs?

Name: _____ Name: _____
Name: _____ Name: _____

Funding Requirements

Before submitting this application the following agencies were contacted in seeking funding for the therapies received at UpReach. Please provide a copy of your application.

Agency	Telephone	Contact Person	Results
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

One of the best ways you can continue the availability of UpReach Scholarship funds is to become a volunteer at the program or assist with fundraising. Please check below where you can help:

- I can be a program volunteer
- I can help at special events
- I can help in the office
- I can assist with grant research
- Sun or Thurs Bingo at Comm. Bingo Center
- I can do tasks at home

Please note:

It is important that you indicate the \$\$ amount that you are requesting for each term.
Due to the increasing number of scholarship requests, UpReach awards full scholarships during extreme financial situations only.

Term 1: \$ _____ Term 2: \$ _____ Term 3: \$ _____
Term 4: \$ _____ Term 5: \$ _____ Summer Term \$ _____

Please state why you are applying for an UpReach Scholarship.

List special circumstances that impact your financial situation.

Tell us how the recipient will benefit from the program.

With the large number of scholarship applicants, this question will be given full attention. If you need additional space, please attach a separate sheet.

Financial Information
Sources of Information

Please FILL in all sources of income that are received in applicants household.

<u>Amount</u>	<u>Income</u>
\$ _____	Applicant's yearly salary from employment
\$ _____	Other Sources of Employment income in household
\$ _____	Applicant's yearly social security benefits
\$ _____	Other yearly social security benefits paid to household members
\$ _____	Total yearly alimony paid to household members
\$ _____	Total yearly child support paid to household members
\$ _____	Other yearly income received by applicant – list sources
\$ _____	Other yearly income received by household – list sources
\$ _____	TOTAL YEARLY HOUSEHOLD INCOME

Please note: Attach most recent W2 forms, last two consecutive pay stubs, and other records of money earned to support the total yearly income figure. This information is needed in order to process your application and determine your eligibility for scholarship.

Applications received without supporting financial documentation will be returned to the applicant.

<u>Amount</u>	<u>Expenses</u>
\$ _____	Monthly Rent/Mortgage payment
\$ _____	Monthly utility expenses
\$ _____	Monthly uninsured health care expenses
\$ _____	Monthly vehicle/loan payments and other related expenses
\$ _____	Misc. expenses (entertainment, recreation, alimony, child support, etc.)
\$ _____	TOTAL MONTHLY EXPENSES

I certify that all the information I have provided to UpReach is true and accurate. Further, I will make application for any assistance that may be available for payment of my charges and will make every effort to obtain such assistance and will assign or pay UpReach Therapeutic Center, Inc. the amount received for charges. I will actively assist UpReach in raising funds for the scholarship program so that all qualifying clients in need may utilize the funds available.

Applicant's Signature

Date