



Hoofbeats & Heartbeats Association, Inc. Scholarship Application for Group Programs

Please fill out this application in its entirety and submit with all required materials listed below.

PLEASE NOTE: the term “**organization**” refers to the group, school, facility, etc. that is applying for funding. Organization must be a 501(c)(3) non-profit organization. The term “**facility**” refers to the location where equine-assisted or nature-based therapy will be occurring.

Requirements:

- ☐ **A written statement from the organization’s primary contact.** Statement should be 1–2 pages and include a description of the following.
 - mission of your organization and brief history
 - program participants (number, age, etc.)
 - program activities (note that a description from the facility is also required)
 - program duration (length, one-time, ongoing, etc.)
 - program goals
 - how the success of the program will be measured. **Note:** If a scholarship is awarded, HBHB will provide an evaluation form that must be filled out by the organization after the program takes place.
- ☐ **A rate sheet from the facility,** showing costs for group program.
- ☐ **A detailed description of the program from the facility,** outlining specific activities planned for the group and their purpose.

Please mail the completed application and all attachments to the following address.
Please do not send certified mail. HBHB will contact the organization’s primary contact to confirm the application has been received. If you do not hear from HBHB within three weeks of mailing your application please contact HBHB at hbhb_contact@hbhb.org.

Hoofbeats & Heartbeats Association, Inc.
PO Box 324
St. Charles IL 60174

1. Date of application:

2. Name of non-profit organization applying for funding:

3. Non-profit organization’s Employer Identification Number (EIN):

4. Amount of funding requested:

5. Name of primary contact for this application:

6. Relationship of primary contact to organization:

7. Organization's address:

8. Organization's phone number:

9. Primary contact's phone number (if different):

10. Primary contact's email:

11. Name and address of facility where program will take place:

12. Name of therapist(s) staff that will provide services at the facility:

13. Specify therapist's staff's certifications (Licensed Occupational Therapist, Licensed Physical Therapist, Professional Association of Therapeutic Horsemanship (PATH) Certified Instructor, etc.)

14. Therapist's business phone number:

15. How did the organization become aware of the HBHB Scholarship application?

16. Has the organization applied for a HBHB scholarship previously? **YES NO**

17. Has the organization received a HBHB scholarship previously? **YES NO**
If yes, when and with what facility?

Please remember to sign and date page 3.



I, the undersigned, agree that all of the above information is accurate and truthful to the best of my knowledge. I understand that any purposeful falsification immediately eliminates my eligibility for Hoofbeats & Heartbeats funds at this time and in the future. I understand that Hoofbeats & Heartbeats is a non-profit entity not associated with any service provider. I understand that Hoofbeats & Heartbeats' ability to provide scholarships for services is based upon the donations received and the revenue made available by the generous donations of its sponsors. I also understand that if at any time I receive any third party reimbursement for therapy or educational services, I automatically forfeit the remainder of my scholarship and I will be held financially responsible for the cost of services, should I choose to continue.

Signature of organization's primary contact for this application

Date

Signature of organization's director/principal

Date

This application will be processed by the Hoofbeats & Heartbeats scholarship review committee. The applicant will be notified of approval/denial for scholarship dollars. Scholarship monies cannot be transferred or redeemed for their cash value.

Release of Liability

I understand that this is an application process and that my application does not guarantee any monies will be received. I understand that my application, accompanying reports, and other materials submitted as part of the application process will be reviewed by the Hoofbeats & Heartbeats scholarship review committee. I also understand that scholarships are granted contingent upon available funds that are allocated for Hoofbeats & Heartbeats' scholarships. In addition, I will not hold Hoofbeats & Heartbeats and its Board of Directors liable for any injury or damage incurred while participating in sessions, classes, therapy and/or animal-related activities.

Signature of organization's primary contact for this application

Date

Signature of organization's director/principal

Date

Would your group like to be considered for the HBHB Sponsorship Program?

☐ **YES** ☐ **NO**

Some of Hoofbeats & Heartbeats funds are earmarked for the **HBHB Sponsorship Program**. Through the Sponsorship Program, an individual, organization, or business donates funds to HBHB to sponsor or "adopt" a group in return for information about the group and the program that they can then ***share with the public***. Information includes a testimonial from the group's primary contact, photos from the program (a group may request that no participant is identifiable), and comments from the participants.