



Hoofbeats & Heartbeats Association, Inc. Scholarship Application

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

Requirements:

- ☐ **A letter of recommendation from a qualified professional** (therapist, educator, physician, social worker, etc.) that clearly states the applicant's need for services.
- ☐ **A copy of the most recent federal tax return 1040 and W2 showing a yearly household income of \$45,000 or less.**
 - If there have been significant changes in income, attach a copy of the two most recent paycheck stubs.
 - If income exceeds \$45,000 you may submit a letter to Hoofbeats & Heartbeats (HBHB) **before** completing this application that details the extenuating circumstances. HBHB will consider your circumstance and decide if an exception will be made.
- ☐ **Statement of denial of coverage** from your insurance company.
- ☐ **A written statement from the applicant, parent, or guardian** that explains what service(s) the applicant wishes to receive.
- ☐ **The most recent copy of applicant's evaluation or progress report** (school or private) from current therapists or qualified professionals.
- ☐ **A rate sheet** from the facility showing costs for therapy services.
- ☐ **A treatment plan** from the therapist providing services, outlining the client's goals

**Please mail the completed application and ALL attachments to the following address.
Please do not send certified mail.**

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

1. Date of application:

2. Name of financially responsible person(s):

3. Scholarship applicant's name:

Birth date:

4. Address:

5. Daytime phone number:

Alternate phone number:

6. Email address:

7. Do you currently receive financial assistance? (Temporary Assistance for Needy Families; The Women, Infants, and Children Program; Division of Specialized Care for Children; Supplemental Security Income, etc.)

(Please circle) YES NO

If yes, please specify program and amount:

9. Name of facility where therapy will take place:

10. Facility phone number:

11. Name of therapist that will provide services:

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

13. Therapist's business phone number:

14. Therapist's business email address:

15. Is the applicant currently receiving therapy? **(Please circle) YES NO**

If yes, please indicate the type of therapy, the therapist(s), and agency providing the services:

16. Are you currently receiving financial assistance for therapy or educational services, including assistance from the therapy facility?

(Please circle) YES NO

If yes, please indicate source of funds, amount, and date received:

17. How did you become aware of the HBHB Scholarship application?

18. Have you or your family applied for a HBHB scholarship previously?
Please note: HBHB awards a maximum of 3 scholarships per individual.

(Please circle) YES NO

19. Have you or your family received a HBHB scholarship previously?

(Please circle) YES NO If yes, when?

Please remember to sign and date page 4.



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 applicant/parent/guardian

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 applicant/parent/guardian

Date