



Tuition Scholarship Information

Hearts Therapeutic Equestrian Center is dedicated to serving adults and children with various disabilities through the use of therapeutic horseback riding. We at Hearts understand that some of our 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:

- 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.
- Applicants must have a physical, psychological or cognitive disability as determined by a physician.
- Applicants must be a resident of Santa Barbara County.
- Student's families are asked to contribute 4 hours a month to the Hearts program or facility when receiving scholarship funding. There are many opportunities from which to choose, including assisting in lessons, special events, administrative support, and general maintenance.
- Student's or their families are requested to write a testimonial statement twice annually, on the benefits they have received by riding at Hearts.
- Students must attend classes regularly, and call in advance if a lesson will be missed.
- Completed applications and full financials must be submitted annually for consideration.

Final determination of a scholarship is based on the applicant's need, as determined by the Scholarship Committee, and the amount of funds available. Funds for scholarships are limited, so students are asked to contribute as much as possible toward their tuition.

All information provided will be kept confidential.

For any questions or concerns please contact Devon Sachey at (805) 964-1519 or Devon@heartsriding.org.



Tuition Scholarship Application

Student Name: _____ Date of Birth: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Parent/Guardian (1): _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Hm Phone: _____ Cell: _____ Work: _____

Married Single Divorced/Separated Widowed

Parent/Guardian (2): _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Hm Phone: _____ Cell: _____ Work: _____

Student resides with: Mother Father Both Parents Spouse Guardian
Self

Number of dependents living in home ____Ages _____Others with
disabilities ____

How long have you been riding at Hearts? _____

Has student ever applied for a Hearts scholarship prior to this? YES
NO

If yes, date of last application _____, percentage received

What is the current household income? _____

Please attach a copy of your latest tax returns.

Please explain any changes in status since last tax return.

Please list other activities in which student participates, and how often.

Please explain the benefits of therapeutic riding for this student.

What is the most enjoyable part of therapeutic riding?

How can you contribute to Hearts this year (i.e. events, classes, fundraisers)?

How have you contributed in the past year?

Please list any circumstances that have contributed to your need for tuition assistance (i.e. debt, illness, employment).

Additional comments

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

Signature

Date

For Office Use Only

Past year's attendance: _____

Amount Granted: _____

Date: _____

Weighted Score: _____ Scholarship % Requested: _____ Scholarship % Received:
