

HATS TUITION WAIVER / SCHOLARSHIP APPLICATION

Participant Name: _____ Date of Birth: _____

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Date of Request: _____ Have you applied before? Yes ____ No ____

Date of last application submitted _____ Amount Requesting: _____

Partial "Riderships" are considered, so please indicate the amount you are requesting to reflect any amount that you can pay.

Part I (Information requested applies to Parent/Guardian or Independent Participant)

Name _____ Home Phone _____ Cell _____

Spouse's Name _____ Home Phone _____ Cell _____

Student resides with Mother Father Both Parents Guardian Self

Address _____ City _____ Zip _____

Married Single Divorced/Separated Widowed

Number of children _____ Ages _____ Number living at home _____

Does the Participant qualify for Medicaid? Yes ____ No ____ If so, please provide a copy of their Medicaid card as proof of eligibility.

Annual Income: please consider all of your household's financial resources and list your annual income in the space provided. These include, but are not limited to: Alimony/Maintenance, Wages, Savings, Welfare, Social Security, Pension/Retirement, VA Benefits, General Assistance, Medicaid, Insurance Benefits, Unemployment Insurance, DSHS Respite Care/DDD*, Child Support, Disability Payments, Spousal Support, Other. \$ _____

PART II (Applies to participant and family)

1. In what other types of activities and therapy does student participate and how often?

2. How have you volunteered or contributed in support of HATS (i.e. fundraisers, events, classes)?

3. How does therapeutic horsemanship benefit you or your child? What do you or he/she find most enjoyable about therapeutic horsemanship?

4. Please list unusual circumstances (debts, illness, etc.) that contribute to your need for assistance:

Any Additional Comments:

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

Signature

Date

For Official Use Only

Amount Granted: _____

Date: _____