



## Providence Compassion Foundation

### Scholarship Application

Parent's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

#### How to receive an Equestrian Scholarship

- Complete this Scholarship Application in its entirety. If there is no waiting list, the date the completed application is processed will be the date assistance will begin.
- Submit **ALL** supporting documentation with your completed application. **Incomplete applications will not be processed.**
- Scholarships are not retroactive.
- Scholarships are the result of the generosity of Providence Compassion Foundation supporters and are awarded without regard to race, religion, sex, national origin or status.
- Please allow 2-4 weeks for processing.

#### Eligibility Requirements

The Providence Compassion Foundation Scholarship Program is available to families who meet the following eligibility requirements:

- Low-income
- Parent(s) must work to be eligible unless disabled.
- Two parent families must work at least 280 hours per month between the two parents. Both parents must be employed unless disabled. Please provide documentation.
- A single parent must work 120 hours per month or 40 hours per month while attending school full time.
- Families with a parent absent from the household must receive child support under a court order or comply with the Child Support Enforcement Division. Documentation must be submitted with you application.

Tell us about yourself:

Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Phone# \_\_\_\_\_ Work# \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Household Members: To determine your Equestrian Scholarship, we need to have information about the monthly income received by all members of your household. Please list ALL members of your household even if they do not have an income. If no income is received by a household member please list zero as their income. Income includes but is not limited to earned income, child support, SSI, Unemployment, Worker's Compensation, and/or money or benefits received from any other source. Verification of income received/earned is required. Documentation includes copies of checks, money orders, letters of benefit awards, and tax forms. The last 4 weeks must be included.

Full Name	Social Security #	Date of Birth	M or F	School Attended	Grade	Monthly Income

**Parent Responsibilities: Please initial each line as your read.**

1. \_\_\_\_ I will report the following changes to Providence Equestrian Center within 10 days:
  - A. \_\_\_\_ Change of employment for any household member.
  - B. \_\_\_\_ Loss of employment to less than 280 hours per month for a two-parent family 120 hours per month for a single parent family (40 while attending school full-time)
  - C. \_\_\_\_ Changes in residence or mailing address
  - D. \_\_\_\_ The loss or addition of a household member
  - E. \_\_\_\_ Changes in school attendance
2. \_\_\_\_ Failure to report changes within 10 days may result in one or more of the following:
  - A. \_\_\_\_ Loss of Equestrian Scholarship
  - B. \_\_\_\_ Repayment of Equestrian Scholarship during period of ineligibility
3. \_\_\_\_ I am responsible for paying for my own Equestrian Activities until my family is determined to be eligible for assistance and selected from the waiting list.
4. \_\_\_\_ I understand that my Providence Compassion Foundation Scholarship will be terminated if my family becomes ineligible or if program funds become unavailable.
5. \_\_\_\_ I understand that I must submit payment for all parent fees associated with my scholarship in a timely manner. I understand that past due balances on my account may result in my scholarship being terminated. ALL accounts must have a zero balance on the 10th day of each month to be considered current.

By signing below, the applicant attests that the foregoing is true and accurate. The applicant acknowledges that he/she subjects his/herself to all criminal and civil liability that may arise from submitting a false application. The applicant acknowledges that should any of the foregoing information be false, the applicant is liable for repayment to Providence Compassion Foundation for any costs and funds given to the applicant.

Printed Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_