**LoveWay, Inc.** Equine Assisted Services

54151 County Road 33 Middlebury IN 46540

574-825-5666 Fax: 574-825-8117

Email: programs@lovewayinc.org

Participant/Rider Scholarship Application

*\*This information will be kept confidential within LoveWay administration.*

**Participant/Rider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_**

**Phone: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does anyone living in your house receive free or reduced price school lunch?**

no free reduced

**What is the combined income of all earnings/benefits for all persons living in your household?**

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How many people are living in your household? \_\_\_\_\_\_\_\_\_\_**

**Please attach the following:**

**\_\_\_\_\_\_\_Letter from parent or guardian about financial need and expected benefits of scholarship**

**Or**

**\_\_\_\_\_\_\_Letter from participant about desire to participate/ride at LoveWay and any related goals**

**And**

**\_\_\_\_\_\_\_Proof of Income such as your most recent income tax return and W2s**

**If awarded scholarship, I (parent/other) will assist by:**

fundraising volunteering in class help maintain equipment/property

other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please read and sign:***

***I understand that scholarship funding will be withdrawn if two “no call/no show” absences occur at scheduled lesson time. By signing below, I am also indicating that I have the ability to transport the above participant/rider to LoveWay for lessons each week if scholarship is awarded. Further, I represent and warrant that the information provided herein is true and accurate. I acknowledge and agree that should I falsify any information on this application, LoveWay shall have the right to revoke any awarded scholarship.***

**Signature of parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(For Office Use)

Scholarship granted for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant contribution per lesson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship unavailable; place on waiting list\_\_\_\_\_\_\_\_\_\_\_\_ Date/time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_Parent/participant notified Date/time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Participant/Rider Scholarship Fund

Financial Aid Policy

* It is the Policy of the Board of Directors of LoveWay, Inc. that each participant/rider accepted into the program, regardless of ability to pay, has access to our services.
* The Board of Directors of LoveWay, Inc. has an obligation to our donors to insure scholarship monies are well managed and appropriately spent. Thus, it is the policy of Love Way’s Board of Directors that the Scholarship Committee reviews all requests for financial aid via the Participant/Rider Scholarship Application.
* All applicants must complete **the entire application** to be considered for assistance.
* ALL INFORMATION WILL BE KEPT CONFIDENTIAL WITHIN LOVEWAY ADMINISTRATION.
* New Requests: Initial applications may be submitted at any time. Please allow 30 days for the Scholarship Committee to review the application.
* Renewal Requests: Applications are required to be filed annually for the calendar year beginning August 1. Please allow 30 days for the Scholarship Committee to review the application.
* Scholarships are provided based on financial need, participant goal(s) and potential benefit, and participant and/or parent/guardian commitment to assist at LoveWay.
* Scholarships are provided on a first come, first served basis until all scholarship monies are allocated and/or spent.
* LoveWay, Inc. determines financial eligibility using the U.S.government’s “Child Nutrition Programs: Income Eligibility Guidelines”. We award scholarships to individuals who have income up to 200% of the Reduced Lunch Rate. (Please see table below).
* We cannot award scholarships without receiving acceptable copies of proof of financial eligibility. Examples of reasonable proof would include a copy of your recent state or federal income tax return and W2’s.
* LoveWay Scholarships are applied against the semester/camp/program tuition as a percentage discount. Scholarship awards are limited based on available funding.
* LoveWay does not provide full (100%) scholarships for tuition. The cost per student per semester is $260/semester or $20/lesson. Every client must pay an amount towards their semester/camp/program tuition calculated based upon the table below. All balances must be paid in full at the end of each semester/program/camp to be eligible to ride in a future semester/program/camp.
* LoveWay, Inc. reserves the right to rescind scholarship awards at its sole discretion.
* LoveWay reserves the right to waive specific requirements on a case by case basis.

August 1, 2018 to July 31, 2019 Scholarship Levels

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household**  **Size** | **Level 1**  **90% tuition reduction** | **Level 2**  **75% tuition reduction** | **Level 3**  **60% tuition reduction** | **Level 4**  **45% tuition reduction** |
| 1 | $15,782.00 | $22,459.00 | $33,689.00 | $44,918.00 |
| 2 | $21,398.00 | $30,451.00 | $45,677.00 | $60,902.00 |
| 3 | $27,014.00 | $38,443.00 | $57,665.00 | $76,866.00 |
| 4 | $32,630.00 | $46,435.00 | $69,653.00 | $92,870.00 |
| 5 | $38,246.00 | $54,427.00 | $81,641.00 | $108,854.00 |
| 6 | $43,862.00 | $62,419.00 | $93,629.00 | $124,838.00 |
| 7 | $49,478.00 | $70,411.00 | $105,617.00 | $140,822.00 |
| 8 | $55,094.00 | $78,403.00 | $117,605.00 | $156,806.00 |
|  | Federal Free Lunch Income | Federal Reduced Lunch Income | 150% of Federal Reduced Lunch Income | 200% of Federal Reduced Lunch Income |