

## Equine-Assisted Therapy, Inc.

Therapeutic Horseback Riding  
3369 Hwy 109 Wildwood MO 63038  
Come ride with us at [www.eatherapy.org](http://www.eatherapy.org)

### **Full and partial scholarships are available to EAT participants.**

To apply for a scholarship, please submit your completed scholarship application and supporting financial documents. This application must be filled out in its entirety. Applications will be reviewed once we receive all **required documents**.

**Proof of income and prior year tax return are required to be considered for a scholarship.** *Proof of income is only required once per year.*

Scholarship decisions are made by the Scholarship Committee of Equine-Assisted Therapy and are greatly determined by individual need and available scholarship funds at the time of request. Once the committee has determined scholarship amount, you will be notified of your application status and the remaining fees due to EAT.

Thank you for applying for a scholarship through Equine-Assisted Therapy.

### **What to submit:**

#### **Required Documents**

- 1. Prior year income tax return**
- 2. Confidential Scholarship Application Form**

#### **Optional Additional Documents**

1. prior or current month's paycheck stubs
2. letter proving low-income support from the government

### **Where to submit:**

**By fax:** 636-587-6100

**By mail:** Equine-Assisted Therapy, Inc  
3369 Highway 109  
Wildwood, MO 63038

*If you have questions about this form, please call the EAT office at 314-971-0605.*

Equine-Assisted Therapy, Inc.

**2024 Confidential Scholarship Application Form**  
 (Submit this form with Prior Year Income Tax Return)

Contact & Personal Information		
Participant's First and Last Name:		
Parent(s)/Guardian(s):		
Street:		Apt:
City:	State:	ZIP Code:
Home Phone:	Work Phone:	Cell Phone:
Email:		
Number of individuals in family:		

Financials
I can pay \$            towards lesson fees.
Savings Total (IRA's, Bank Accounts, CD's, Stocks, and Other Savings):

Income		Expenses	
Salary	/mo	Mortgage/Rent	/mo
Spouse Salary	/mo	Utilities	/mo
Child Support	/mo	Food	/mo
ADC	/mo	Child Care	/mo
Medicaid	/mo	Medical Expenses	/mo
Pension	/mo	Credit Cards	/mo
Social Security	/mo	Leisure	/mo
Disability	/mo	Education	/mo
Other	/mo	Other	/mo

**If you have applied for funding from any of the following organizations, please provide a copy of your acceptance or rejection letter.**  
 Arya Foundation ~ Department of Mental Health ~ Recreation Council ~ EMAP ~ Missouri Foundation for Health  
 Productive Living Board of St. Louis County

I certify that the information provided above is accurate to the best of my knowledge.		
Name:	Signature:	Date:

**Submit Required Documents (prior year income tax return and Confidential Scholarship Application)**  
 and Optional Additional Documents (prior or current month's paycheck stubs and/or letter proving low-income support from the government).

**Fax to:** 636-587-6100, **or mail to:** Attn: Equine-Assisted Therapy, 3369 Hwy 109, Wildwood, MO 63038

Office Use Only			
Session cost:	Scholarship per session:	Date granted:	Initial:
Scholarship valid until:		Date:	
Notes:			