Financial Assistance Application

This application is for financial assistance at Freedom In Strides. The information will be kept confidential and will be made available only to the Freedom In Strides Scholarship Committee.

Financial assistance is awarded based solely on demonstrated need. Due to limited funding, we ask all applications to carefully evaluate and clearly present their financial circumstances. Final decisions regarding financial aid will be made based on the applicant's demonstrated need and the availability of scholarship funds.

Timely submission of the application is essential and should be completed well in advance of the semester start date. All required information must be provided in full. Incomplete applications cannot be considered. Please not that the term "application" refers to the individual who will be participant in the riding or receiving the lessons.

Information about Applicant

Name: _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Has Applicant earned any income in the last 2 years? _____ If so, state all sources of Applicant's income for the last 2 years: _____

_____

_____

_____

(If minor or incapacitated person) Parent or Legal Guardian Name(s): _____

_____

Please list all persons who regularly provide financial support to Applicant:

Name	Relationship to Applicant
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Information About the Person Filling out the Application

Name: _____ Relationship to Applicant: _____

Phone Number: _____ Email: _____

Preferred method of contact: Phone Email

Information about Persons Providing Financial Support to Applicant

The following information must be answered by each person who provides regular financial assistance to Applicant. Please make or request additional copies of this sheet for each person. If Applicant earns any income, this information must also be answered by or for Applicant.

Name: _____ Relationship to Applicant: _____

Home Address: _____

Occupation: _____ Employer: _____

Business Address: _____

Phone: _____ Email: _____

List all persons dependent upon your income:

Name Age Relationship Reside with you?

_____

_____

_____

_____

_____

Please identify below any other information or circumstances you wish the Scholarship Committee to consider with this Application: _____

_____

_____

_____

_____

_____

What percent of Financial Assistance are you requesting? 25% _____ 50% _____ 75% _____

Please complete the attached worksheet, Upon request by the Scholarship Committee, you may be asked to provide additional documentation.

Signed: _____ Date: _____

Freedom In Strides Assistance Worksheet	
Monthly Household Income	**Net Amount**
Wages	
Applicant Benefits	
Applicant Child Support	
Other:	
Net Monthly Total	
Monthly Household Expenses	
Rent/Mortgage	
Car(s)	
Fuel/Transportation Cost	
Insurance	
Food	
Childcare	
Uninsured Medical	
Utilities	
Educational	
Child Support/Alimony	
Other:	
Net Monthly Total	

****Please state the NET amount for both the Income and Expenses.