



Phoenix Equestrian Warriors
Rescue-Rehab & Restore Inc.

PHOENIX EQUESTRIAN WARRIORS - RESCUE - REHAB & RESTORE, INC.

ATTN: DAWN CONLEY-MORELLI

1676 County Route 57

Fulton, NY 13069

(315) 766-6729 Fax (315) 303-5892

DATE OF APPLICATION _____

SCHOLARSHIP APPLICATION 2021

RIDERS NAME _____ AGE _____ SEX: M / F

ADDRESS _____ CITY _____ STATE _____ ZIP _____

LEGAL GUARDIAN (S): _____

LEGAL GUARDIAN(S): _____

Financial assistance is granted on documented financial need and to the extent funds are available. Assistance will be awarded without regard to ethnicity, creed, religion, disability or national origin. All information will be kept confidential. In the chart below please circle the number of persons in your household; circle the applicable income limit listed under that household size. Total yearly income includes all sources of income for all members residing in the home.

Number in household	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons	Co-pay
(1) Equal to or less than	\$29,200	\$33,400	\$37,550	\$41,700	\$45,050	\$48,400	\$51,750	\$55,050	\$5
(2) Equal to or less than	\$45,100	\$51,550	\$58,000	\$64,400	\$69,600	\$74,750	\$79,900	\$85,050	Max \$20
(3) Greater than	\$45,100	\$51,550	\$58,000	\$64,400	\$69,600	\$74,750	\$79,900	\$85,050	Min \$20

*Co-pay to be determined following review of individual circumstances.

Have you applied for other financial aid this year? _____ If yes, did you receive it? _____

From what agency or source(s)? _____

Explain the reason(s) for requesting this scholarship. Use the reverse side of this sheet if necessary.

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MOTHER'S INFORMATION:

Name: _____ Social Security # _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Email: _____

Marital status: Married ____ Single: ____ Legally separated ____ Divorced ____

Employer: _____

Employers address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Job title: _____

Length of service _____ Gross annual salary _____

Does your employer match donations? ____ Y ____ N
(If you are unsure, please ask your employer or call Winslow for assistance)

FATHER'S INFORMATION:

Name: _____ Social Security # _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

Marital status: Married ____ Single: ____ Legally separated ____ Divorced ____

Employer: _____

Employers address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Job title: _____

Length of service _____ Gross annual salary _____

Does your employer match donations? ____ Y ____ N
(If you are unsure, please ask your employer or call Winslow for assistance)

SCHOLARSHIP APPLICATION

FINANCIAL INFORMATION:

PLEASE FILL OUT COMPLETELY. If amount is zero please indicate -0-. All monthly expenses must be included.

INCOME (MONTHLY)		EXPENSES (MONTHLY)	
Mother's net earnings		Rent/Mortgage	
Father's net earnings		Car payment	
Unemployment		Other Loans	
Child Support			
Alimony			
Pension/Retirement		Car Insurance	
Social Security		Heating/Gas	
Other _____		Electric	
		Telephone	
TOTAL INCOME		Cell phone	
		Cable	
Investments		Garbage Collection	
Savings		Credit cards(s)	
CDs		(monthly payments)	
Stocks			
Bonds			
Annuities		Medical expenses	
Other _____			
TOTAL INVESTMENTS		Child care	
		Other	
		Other	
		Other	
		TOTAL EXPENSES	

OTHER DEPENDENTS:

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

SCHOLARSHIP APPLICATION

CERTIFICATION:

I certify that all information provided is true and that all income is reported. I agree to inform **Phoenix Equestrian Warriors - Rescue - Rehab & Restore, Inc.**, in writing of any changes in marital status or income in the month in which the changes occur. This information will be accompanied by a revised scholarship application.

I understand that I am required to participate in fund raising events at **Phoenix Equestrian Warriors - Rescue - Rehab & Restore, Inc.**.

I understand that my co-pay is due at time of service, and I agree to notify PEWRRR if my child cannot attend a session. 24 hour notice is required. I also understand that chronic absences will jeopardize my child's funding.

I am attaching copies of my 2 most recent pay stubs and a copy of my latest federal tax return.

Parent (Guardian) Signature: _____ **Date** _____

Parent (Guardian) Signature: _____ **Date** _____

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For office use only:

Notes: _____

Application complete: _____

Mother's pay stubs _____

Father's pay stubs: _____

Mother's tax return: _____

Father's tax return: _____