

ANGELS Scholarship Application



Please Use Checklist to Ensure Completeness

1. Fully completed & signed Application (1 per year)
2. Fully completed & signed Disclosure Statement (1 per year)
3. Completed & signed Photo Release (1 per year)
4. Copy of Driver's License/Proof of Residency
5. 1 year current 1040 tax returns
6. 1 month of current bank statements
7. Current pay stub
8. If you are filling out this form as a legal guardian - please provide legal documentation.

Late or incomplete applications will not be considered.

Name of Student

Age:

Parent or Guardian Name

Primary Contact for Student is:

Student

Parent/Guardian

Other

Primary Contact Name

Primary Contact Address:

Primary Contact E-mail:

Primary Contact Telephone:

Nature of Disability We use this information for grant funding proposals. Personal identifying information is not disclosed.

Primary Disability

THERAPY PROGRAM SELECTION

CSF funding is limited. Group enrollment is the most equitable way to award scholarships across a diverse student body. The application may be done annually or session by session. Your intent to participate and your desire for a scholarship are indicated by marking the session boxes below. This application will be considered by the CSF Scholarship Committee for each indicated session, however funding is not guaranteed. All applicants will be notified of scholarship awards before the Cavalía Stables registration deadlines per session.

Please indicate which session(s) you/your child could attend:

Spring I

Spring II

Summer

Fall

Fall II

(Tuition is based on once weekly attendance in a 7-week program)

Please tell us about you/your child. What outcomes do you hope to see as a result of participation in Cavalia Stables Programs? If you have attended in the past, what changes have you observed? What aspects of the program (curriculum, staff, therapy horses, facilities) have been particularly meaningful to your/your child's experience or developmental and wellness gains?

May we use your comments in our grant funding applications and promotional materials?

Yes

No

Signature

Date

Printed Name

MONTHLY LIVING EXPENSES

Monthly Expenses

Mortgage/Rent

Medical/Dental Insurance

Medical/Dental Co-pays & Out-of-Pocket Expenses

Disability-Related Expenses (out-of-pocket)

Alimony/Child Support Payments

Child Care

Groceries

Utilities

Commuting Expenses (gas, tolls, repairs)

Credit Cards

Auto Loans

School Loans

Tuition Expenses

Other (please identify)

Total Monthly Living Expenses

Total Monthly Disposable Income (subtract Total Expenses from Total Income)

I understand that late or incomplete applications will not be considered for scholarship.

I have completed Program Screening with Victoria Asuaje at Cavalia Stables.

I certify that the information I have provided on this application is true.

Signature

Printed Name

Date

Submit completed application by Email, Fax, or First Class mail to:

Cavalía Stables Foundation

6200 Melaleuca Rd

Southwest Ranches, FL 33330

Tel:954-541-5315

Email: info@cavaliastablesfoundation.com • Web: www.cavaliastablesfoundation.com