

STARS 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.
9. Proof of school GPA. Students must have a 3.0 cumulative GPA to be considered.

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:

What is your riding discipline(s)?

Hunt Seat

Dressage

Eventing

PROGRAM SELECTION

CAVALIA STABLES FOUNDATION funding is limited. 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 Foundation registration deadlines per session. If an applicant applies for the first time they will go in a waiting list and funding will be available on a first come first serve basis. Priority will be given to applicants that have already been funded as long as they hold the scholarship requirements.

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? Briefly describe several highlights of your riding career and attach video.

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

Yes

No

Signature

Date

Printed Name

SCHOLARSHIP DISCLOSURE STATEMENT

CONTACT INFORMATION

Student's full name:

Student Resides with: Self Parent/Guardian Other

Parent/Guardian name

Student's Address (if living independently)

Primary Contact Person for Student (if not Student)

Primary Contact's Mailing Address

Primary Contact's Telephone

Primary Contact's Email

INCOME

Please Check One

I am the Parent/Guardian submitting this Disclosure Statement on behalf of Student living in my household. Parent/Guardian's financial information is provided in this Section.

I am the Student (or Student Caseworker) submitting this Disclosure Statement on behalf of student living independently. Student's financial information is provided in this Section.

Annual Gross Income

Less than \$25,000 \$25,000-\$49,999 \$50,000-\$74,999 \$75,000+

Please provide the following information:

No. of adults in household No. of dependents in household No. of adults contributing to household income

Primary Caregiver Occupation Secondary Caregiver's Occupation

Student's Occupation

• Do you receive monthly income from another source? Yes Source
No

Total Monthly Net Income

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