

Miracles in Motion Therapeutic Equestrian Center Enrollment Scholarship Application



Thank you for your interest in participating with Miracles in Motion. Our organization operates entirely from class fees, grants, and individual and corporate donations.

The therapeutic riding fee is \$250.00 per session of 5 classes. Horse 101 is \$120 per session of 4 classes. When possible Miracles in Motion provides scholarships for students 18 and younger and who qualify financially. To receive assistance, your family's income must be less than 200% of the 2017 Federal Poverty Guidelines, as shown below.

	Persons in family/household	Max income level
This is a scholarship request for:	1	\$24,120
	2	\$32,480
<input type="checkbox"/> Therapeutic riding	3	\$40,840
<input type="checkbox"/> Horse 101	4	\$49,200
	5	\$57,560
	6	\$65,920
	7	\$74,280
	8	\$82,640
Date: _____ Family size: _____	For each add. person, add	\$ 8,360

Student's Name: _____ DOB: _____

Parent(s) or Guardian (if applicable): _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone: _____

Family's yearly taxable income (must be verified):

- | | | |
|---|---|--|
| <input type="checkbox"/> \$33,000 and under | <input type="checkbox"/> \$50,001- 70,000 | <input type="checkbox"/> \$90,001- 110,000 |
| <input type="checkbox"/> \$33,001- 50,000 | <input type="checkbox"/> \$70,001- 90,000 | <input type="checkbox"/> \$110,001 |

Please explain your financial hardship or need for this financial assistance: _____

Verification Required: A copy of the first page of your most recent federal income tax return must be submitted with this form. Please redact (remove) your SSN # from the copy of the tax return. If you are not required to file taxes, another form of income documentation must be included with this form.

Deadline: This form must be received 4 weeks prior to your student's first scheduled class to be considered for a scholarship. If this form is not received by the deadline, full payment for the session will be required.

Approval Process: The Executive Committee of the Miracles in Motion Board of Directors determines who is eligible to receive a scholarship.

Mail form to: Miracles in Motion, Attn: Exec Committee , 2049 120th Street NW, Swisher, IA 52338
 If you have questions, please call the Miracles in Motion office at 319-857-4141.

I declare that the information in this application is true to the best of my knowledge.

Signature

Date

Printed name

Relation to Student