



Eagle Mount's Annual Scholarship Form

Office Use Only

Eagle Mount's goal is to provide scholarships to cover the portion of the program fees the applicant is unable to pay. Scholarships are intended for those who are severely financially challenged. Each scholarship application that is approved will be matched with someone in the community who can cover the program fees on behalf of the participants. We require scholarship forms to be completed annually and for a minimum fee to be paid by all participants. This is to ensure Eagle Mount can continue to be sustainable and serve everyone. We strive to keep our fees as low as possible, and currently our fees only cover 7% of the cost to deliver our therapeutic adventures.

The following information should be based on the person responsible for your participation and payment, whether that is you, a parent, or other third party. Please complete the information thoroughly. All incomplete applications will be returned. Your information will be kept in strict confidence and only used to seek donations that will help fund the scholarship program. Completion of this form does not guarantee acceptance into our scholarship program. You will receive a letter of determination after we have reviewed your application. Thank you!

Name of individual(s) participating under this scholarship? _____

TO BE COMPLETED BY RESPONSIBLE PARTY:

NAME: _____ Date of Birth: _____

ADDRESS: _____

Do you live alone? (Y or N) ____ If no, does anyone in your household claim you as a dependent?: (Y or N)

Indicate the number of people living in your home: _____ How many are your dependents? _____

Who is considered the "Head of Household" in your home?: _____

Please provide your total annual household income (before taxes and including all sources of income by all members of your household): \$ _____

Are you currently employed? (Y or N) _____ (Full-time / Part-time) Where? _____

Have you ever applied for Medicaid? (Y or N) _____ If yes, were you accepted? (Y or N)

Do you (Own / Rent) your home? How much is your mortgage or rent each month? _____



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We are requesting the following scholarship arrangement (check 1):

- 25% of Program Fees
- 50% of Program Fees
- 75% of Program Fees
- 100% of Program Fees (100% scholarship request are evaluated by a committee and additional information may be requested)

Please describe why Eagle Mount is important to you or your family member and why the requested level of scholarship (25%, 50%, 75%, 100%) is essential to being able to participate?

Responsible Party Signature: _____ **Date:** _____

Example of Cost per Therapeutic Adventure and Fee Charged

	Fee Charged per Therapeutic Adventure	Eagle Mount's Cost per Therapeutic Adventure (Not including \$1M in in-Kind)
Horseback Riding	\$20	\$103
Downhill Ski Lesson	\$19-\$21	\$144
Swimming	\$6	\$32
Adventure Days	\$12-\$20	\$139