



## **Equestrian Crossings**

*A 501(c)(3) Non-Profit Corporation by Affiliation with AVA*

P.O. Box 55  
Coupeville, WA 98239  
(360) 320-1573  
[info@equestriancrossings.com](mailto:info@equestriancrossings.com)

### **EQUESTRIAN CROSSINGS SCHOLARSHIP APPLICATION AND ACCEPTANCE AGREEMENT**

Thank you for applying for an Equestrian Crossings Scholarship. During **each** session in which the student is enrolled, to qualify for aid the student and/or family must show financial need **PLUS** participate on 2 EqX special events or fundraisers/committees. This involves a time allotment and does not constitute fair-value reimbursement and/or employment. NOTE: Time spent raising funds for horseshows is a separate activity from scheduled EqX events and fundraisers and will not count toward fulfillment of any scholarship obligation.

**Every student is required to pay a once a year \$30.00 lesson registration fee independent of a scholarship award.** With your help, the money raised sustains your scholarship funds and offsets your costs of lessons. **Students and/or families failing to fulfill your scholarship obligation for any reason will lose your scholarship and be ineligible to reapply for a scholarship for the remaining lesson year and will be billed for the full amount of scholarship awarded.** Students must recertify eligibility for a scholarship yearly. Bring this form to registration or mail it to EqX for determination.

EqX uses the annual Washington State Department of Education Eligibility Scale for Public School Meal Rates to determine the amount of scholarship to award based on number of family members as compared to annual income (1 Jan-31 Dec). **Applicants must supply a copy of their most recent income tax return and current pay stubs for all household members.**

(PLEASE PRINT OR TYPE your APPLICATION)

# EQUESTRIAN CROSSINGS

## SCHOLARSHIP APPLICATION AND ACCEPTANCE AGREEMENT

**Participant:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Session Applying for:**      WINTER      SPRING      SUMMER      FALL      **Year: 20** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternative #:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Employer/School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Parent/Legal Guardian (if a minor):** \_\_\_\_\_

**Address (if different from above):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternative #:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

(Circle one)

**What is your household size?**    1    2    3    4    5    **More than 5:** \_\_\_\_\_

**What are your household's income sources? Please list**

\_\_\_\_\_ \$  
\_\_\_\_\_ \$  
\_\_\_\_\_ \$  
\_\_\_\_\_ \$  
\_\_\_\_\_ \$

**Additional income source(s): Social Security** Yes No **Other:** \_\_\_\_\_

**What is your household's total Annual Income?** \$ \_\_\_\_\_

**Income Documentation Provided**    Y    N    **Type** \_\_\_\_\_

**Please describe any special circumstances that apply to your household.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will participating at EqX improve the quality of life for your family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DDD Eligible: Yes No If yes what type of services \_\_\_\_\_

Check *ALL* the Committees you are willing to participate in. Please note, the committee you select may be full or may not be needed at the time you sign up.

- |                         |                          |                        |
|-------------------------|--------------------------|------------------------|
| ◇ Strategic Planning    | ◇ Volunteer Appreciation | ◇ Newsletter           |
| ◇ Holland Happenings    | ◇ Grant Writing          | ◇ Public Presentations |
| ◇ Marketing & Promotion | ◇ Ride A Thon            | ◇ Garage Sales         |
| ◇ Raffle                | ◇ Horse Show             | ◇ Other Fundraising    |
| ◇ Island County Fair    | ◇ End of the Year Party  | ◇ Other                |

Please initial.

- **I understand that my help or the help of my family/guardian is required on fundraisers or special event committees for the year that I am granted a scholarship.** In case I am unable to help as scheduled, I will find a replacement for me and provide them the necessary information. Failure of them to participate will be considered a failure to fulfill my obligation as agreed upon. **I also understand that if my commitment is not fulfilled that I will be billed and required to pay the entire amount of scholarship awarded and will not be eligible for any further scholarship funding for the remainder of the lesson year.** I also understand that without these activities, scholarships and reduced lesson fees would not be available.
  - I have read and understood the aforementioned terms and agree to them. I further certify that the information provided in this application is true and correct to the best of my knowledge. **I understand ALL required EqX paperwork must be received *prior* to scholarship consideration.**
  - I am aware that time spent raising funds for horseshows is a separate activity from scheduled EqX events and fundraisers and will not count toward fulfillment of any scholarship obligation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Adult Student/Parent/Guardian)

PRINT NAME: \_\_\_\_\_



## SCHOLARSHIP APPLICATION AND ACCEPTANCE AGREEMENT

The following information regarding \_\_\_\_\_ is provided for your records.

Thank you for applying for an Equestrian Crossings Scholarship. During **each** session in which the student is enrolled, to qualify for aid the student and/or family must show financial need **PLUS** participate on 2 EqX special events or fundraisers committee. **In case you are unable to help as scheduled, you must designate a replacement, provide them the necessary information and inform EqX of the change. Failure of them to participate will be considered a failure to fulfill your scholarship obligation as agreed upon. I also understand that if my commitment is not fulfilled that I will be billed and required to pay the entire amount of scholarship awarded and will not be eligible for any further scholarship funding for the remainder of the lesson year. I also understand that without these activities, scholarships and reduced lesson fees would not be available.** This involves a time allotment and does not constitute fair-value reimbursement and/or employment. NOTE: Time spent raising funds for horseshows is a separate activity from scheduled EqX events and fundraisers and will not count toward fulfillment of any scholarship obligation.

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EqX has determined that \_\_\_\_\_ **IS IS NOT** eligible for a 20\_\_\_\_ scholarship.

Participants have agreed to work on the following committees:

◇ Strategic Planning    ◇ Volunteer Appreciation    ◇ Newsletter    ◇ Holland Happenings  
    ◇ Grant Writing    ◇ Public Presentations    ◇ Ride A Thon    ◇  
Garage Sales    ◇ Raffle    ◇ Marketing & Promotion    ◇ Horse Show  
    ◇ Other Fundraising    ◇ Island County Fair    ◇ End of the Year Party    ◇  
Other \_\_\_\_\_

If determined ineligible due to **not** meeting **PROGRAM ASSISTANCE OBLIGATIONS FINANCIAL CRITERIA** or **BOTH** the participant will **not** be eligible to reapply for assistance until \_\_\_\_\_ 20\_\_\_\_.