

Date Received: _____



Judy Gerhard Memorial Scholarship Application

Horses For Healing, Inc offers a partial to full scholarship for one session per recipient. To be considered for a scholarship the completed application and supporting documents must be submitted for review by the scholarship committee. Please contact us with any questions (530) 887-9573 or info@horsesforhealing.org

Income Qualification Guidelines:

Number of people in household*							
1-2	3	4	5	6	7	8	Each Additional Person, add
\$31,460 or less	\$39,580 or less	\$47,700 or less	\$55,820 or less	\$63,940 or less	\$72,060 or less	\$80,180 or less	\$8,120

Please provide proof of income in one of the following forms:

- Copies of check stubs less than 30 days old
- Alimony/Child Support check copies
- Workers Compensation, SDI, Social Security, Pension check stubs
- Signed and Notarized statement from employer if no check stubs are available
- Copy of current income tax return

Rider name: _____ DOB: _____

Parent (s) name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: _____ Evening phone: _____

Family's gross yearly income: _____ Source of income: _____

Number of people in household: _____

Reason for scholarship need:

(Please continue on reverse if you need more room)

Signature Date