



Leo “Vinny” Viniar Scholarship Fund for Therapeutic Horseback Riding

Summer 2017 Therapeutic Riding Scholarship Application

Applications with required supporting documents are due by **June 10, 2017**, for the summer semester. **Applications or supporting documents submitted after June 10 will not be considered.** Pony Power will contact eligible applicants with a decision by June 20, 2017. If you do not have a current rider packet on file, you will need to supply one with doctor’s form.

Applications must be submitted with the following supporting documents. You may fax (201-934-8891) or mail the documents to Pony Power Therapies, 1170 Ramapo Valley Rd., Mahwah, NJ 07430.

- Most recent tax return (1040 and W-2) copy
- Two most recent pay stubs or unemployment stubs
- Current lease agreement or mortgage statement and property tax bill
- Copy of utility bills from previous month (phone, gas and electric)
- Child support documentation
- Documentation that you/your family receives government assistance such as TANF, WIC, SSI, disability, housing assistance, etc.

We will not be able to fund all applications. Therefore, submitting an application and supporting documents does not guarantee you will receive a scholarship.

By submitting a scholarship application, you are authorizing Pony Power Therapies to verify all of the information provided. You may be asked to supply documentation beyond what is required for submission with your application. Please note that scholarships will be awarded for fall and spring semesters only. Regular fees will be in effect until you are notified that you are a scholarship recipient. Pony Power reserves the right to refuse assistance to any applicant.

Pony Power believes a strong sense of ownership and pride is developed if the recipient contributes to the cost of their involvement. Therefore, applicants will be asked to pay some portion of the fees.

Applicant Name: _____ Relationship to Participant: _____

Participant Name: _____

Address: _____ City: _____

State: _____ ZIP: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Household Information

How many family members do you have noted as dependents for tax purposes? _____

How many adults live in the household? _____ How many children live in the household? _____

Additional Comments: _____

Do you own a home/condominium? Yes No

Monthly Income/ Expenses

(Applicants may be asked to provide documentation to verify their expenses.)

Monthly Income: \$ _____

Other Adult's Monthly Income: \$ _____

Child Support (Received) Yes No \$ _____

Alimony (Received) Yes No \$ _____

Social Security Yes No \$ _____

Disability Yes No \$ _____

Other Government Assistance
(i.e. TANF, WIC, etc.) Yes No \$ _____

SNAP: Yes No \$ _____

Housing Assistance: Yes No \$ _____

Fuel Assistance: Yes No \$ _____

Unemployment Benefits Yes No \$ _____

Worker's Compensation Benefits Yes No \$ _____

Other Income:

Total Monthly Income: \$ _____

Expenses (Monthly)

Rent/Mortgage Payment: \$ _____

Car Payment/Lease Yes No \$ _____

Utilities (gas & electric) \$ _____

Water/Sewer charges \$ _____

Cable Yes No \$ _____

Phone Charges
(mobile and home, if applicable) \$ _____

Child Support (Paid) Yes No \$ _____

Alimony (Paid) Yes No \$ _____

Medical/Dental Insurance
(employee contribution amount) Yes No \$ _____

Child Care Yes No \$ _____

Food \$ _____

Loan #1 Yes No \$ _____

Loan #2 Yes No \$ _____

Other Expenses:

Total Monthly Expenses: \$_____

Is there anything else we should know about you and your family?

By signing this form, I guarantee the above information is true to the best of my knowledge, and I allow Pony Power Therapies to check the above information. I also understand my application will not be considered without the required supporting documents provided on or before **June 10, 2017**.

Applicant Signature

Date