



## Leo "Vinny" Viniar Scholarship Fund

### *Fall 2017 Scholarship Application for Therapeutic Riding or Pony Assisted Life Skills (PALS)*

Applications with required supporting documents are due by **July 15, 2017**, for the fall semester. **Applications or supporting documents submitted after July 15 will not be considered.** Pony Power will contact eligible applicants with a decision by Aug. 1, 2017.

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, if you are applying for therapeutic riding, the participant will need to obtain medical clearance prior to the beginning of the semester. 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: \_\_\_\_\_

In what program do you want to participate?  Therapeutic horseback riding  Pony-assisted Life Skills (PALS)

#### **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: \_\_\_\_\_



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

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How much of the fee would you be comfortable paying? For \_\_\_\_\_

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 **July 15, 2017**.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**