Dear UpReach Scholarship Applicants:

UpReach recognizes the many financial challenges of our riders and families. However, decreases in the availability of grants and other funding, in addition to the steadily increasing demand on the UpReach Scholarship fund make it impossible to honor all of our applicants requests for financial assistance.

Therefore, it has become necessary for us to adjust the criteria for approval of scholarship funding.

- Families with combined incomes of $50,000 - $65,000 who have 2 or fewer children are welcome to apply but are unlikely to receive funds.
- Families with combined incomes of $65,000+ are ineligible for the UpReach Scholarship program except under extenuating circumstances. Families in these situations should speak with the Executive Director before submitting an application.
- Families with incomes of $50,000 or less will not automatically receive scholarship funding. Therefore, we strongly recommend that all applicants explore alternative sources of financial assistance now and in the future.

Feel free to speak with the Executive Director regarding flexible payment options and other funding resources which may be available to ensure that you or your child can continue to ride.

As a small non-profit organization, UpReach continues to struggle to obtain the funding necessary to support the program. Your assistance in making timely payments, supporting fundraising events and volunteering to serve on committees all contribute to our ability to continue to provide these specialized therapies. Please speak with any staff member about how you can help.

Thank you,

UpReach Scholarship Committee
ATTENTION
INTERESTED SCHOLARSHIP APPLICANTS

Applications are available in the office and the viewing room.

If you are in need of financial aid to help pay for your session fees, please fill out in full (please print) the Scholarship Application Form and return it to the UpReach offices as soon as possible for consideration. New applicants will only be considered once they have been contacted by the Program Director for session scheduling. Scholarship applications are accepted on a rolling basis. However, funding is only disbursed one term at a time and based on available funds.

Only applications that are completed in full with records of earnings attached will be considered.

If you have any questions, please contact UpReach at 603.497.2343

Please send completed form and financial information to:

UpReach Scholarship Committee
P.O. Box 355
Goffstown, NH 03045

You may FAX the completed form and financial information to UpReach at 603.497.5367 or Email to: karen@upreachtrc.org

Please note: If you have any unused scholarship money from previous terms, it is not carried over to the next funding period and will be returned to the general scholarship fund.
This application **MUST** be filled out completely. All requested forms and letters must accompany this application.

Applicant's Name: ___________________________________________ Date of Birth: ____/____/_____
Address: ___________________________________________ City: ________________ State: _____ Zip: _______
Daytime Phone: ________________ Evening Phone: ___________________________
Cell Phone: ___________________________ Email: ___________________________

**If Applicant is Dependent**

Parent or Guardian Name: ___________________________________________ ___________________________________________
Address: ___________________________________________ City: ________________ State: _____ Zip: _______
Daytime Phone: ________________ Evening Phone: ___________________________
Cell Phone: ___________________________ Email: ___________________________
Number of Persons in Household: ________ Number of Dependent Children ____________
Number of Other Dependents: ________ Relationship: ___________________________

Do any other household members (do not include applicant) have special needs?
Name: ___________________________ Name: ___________________________
Name: ___________________________ Name: ___________________________

**Funding Requirements**

Before submitting this application the following agencies were contacted in seeking funding for the therapies received at UpReach. Please provide a copy of your application.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Telephone</th>
<th>Contact Person</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
One of the best ways you can continue the availability of UpReach Scholarship funds is to become a volunteer at the program or assist with fundraising. Please check below where you can help:

___ I can be a program volunteer               ___ I can help at special events
___ I can help in the office                ___ I can assist with grant research
___ Sun or Thurs Bingo at Comm. Bingo Center  ___ I can do tasks at home

Please note:
It is important that you indicate the $$ amount that you are requesting for each term.  
*Due to the increasing number of scholarship requests, UpReach awards full scholarships during extreme financial situations only.*

Term 1: $_______  Term 2: $_______  Term 3: $_______  
Term 4: $_______  Term 5: $_______  Summer Term $________

Please state why you are applying for an UpReach Scholarship.
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

List special circumstances that impact your financial situation.
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Tell us how the recipient will benefit from the program.
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

*With the large number of scholarship applicants, this question will be given full attention. If you need additional space, please attach a separate sheet.*
**Financial Information**  
Sources of Information

Please FILL in all sources of income that are received in applicants household.

<table>
<thead>
<tr>
<th>Amount</th>
<th>Income</th>
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<tbody>
<tr>
<td>$___________</td>
<td>Applicant’s yearly salary from employment</td>
</tr>
<tr>
<td>$___________</td>
<td>Other Sources of Employment income in household</td>
</tr>
<tr>
<td>$___________</td>
<td>Applicant’s yearly social security benefits</td>
</tr>
<tr>
<td>$___________</td>
<td>Other yearly social security benefits paid to household members</td>
</tr>
<tr>
<td>$___________</td>
<td>Total yearly alimony paid to household members</td>
</tr>
<tr>
<td>$___________</td>
<td>Total yearly child support paid to household members</td>
</tr>
<tr>
<td>$___________</td>
<td>Other yearly income received by applicant – list sources</td>
</tr>
<tr>
<td>$___________</td>
<td>Other yearly income received by household – list sources</td>
</tr>
<tr>
<td>$___________</td>
<td>TOTAL YEARLY HOUSEHOLD INCOME</td>
</tr>
</tbody>
</table>

Please note: Attach most recent W2 forms, last two consecutive pay stubs, and other records of money earned to support the total yearly income figure. This information is needed in order to process your application and determine your eligibility for scholarship.

Applications received without supporting financial documentation will be returned to the applicant.

<table>
<thead>
<tr>
<th>Amount</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$___________</td>
<td>Monthly Rent/Mortgage payment</td>
</tr>
<tr>
<td>$___________</td>
<td>Monthly utility expenses</td>
</tr>
<tr>
<td>$___________</td>
<td>Monthly uninsured health care expenses</td>
</tr>
<tr>
<td>$___________</td>
<td>Monthly vehicle/loan payments and other related expenses</td>
</tr>
<tr>
<td>$___________</td>
<td>Misc. expenses (entertainment, recreation, alimony, child support, etc.)</td>
</tr>
<tr>
<td>$___________</td>
<td>TOTAL MONTHLY EXPENSES</td>
</tr>
</tbody>
</table>
I certify that all the information I have provided to UpReach is true and accurate. Further, I will make application for any assistance that may be available for payment of my charges and will make every effort to obtain such assistance and will assign or pay UpReach Therapeutic Center, Inc. the amount received for charges. I will actively assist UpReach in raising funds for the scholarship program so that all qualifying clients in need may utilize the funds available.

____________________________________________   __________________________
Applicant’s Signature                                  Date