



CHILDREN'S PROGRAM SCHOLARSHIP APPLICATION

Confidential application for full or partial program assistance

Wildcat Ranch Phoenix provides scholarship assistance to help children with behavioral, emotional, developmental, or physical challenges participate in eligible equine-assisted, recreational, horsemanship, and educational programs when financial hardship would otherwise limit access.

1. CHILD & PARENT / GUARDIAN INFORMATION

Child's legal name

Preferred name _____ Date of birth _____

Age _____ Parent / guardian _____

Relationship to child

Street address

City _____ State _____ ZIP _____

Phone _____ Email _____

Preferred contact: ☐ Phone ☐ Text ☐ Email

2. PROGRAM REQUEST

Program/service requested (check all that apply):

- | | |
|---|---|
| ☐ Equine-Assisted Services | ☐ Recreational / Adaptive Horsemanship |
| ☐ Horsemanship / Educational Program | ☐ Youth Ranch Program |
| ☐ Camp / Group Program | ☐ Other _____ |

Scholarship requested: ☐ Full ☐ Partial ☐ Either, depending on available funding

Family can contribute _____ per session/program (if applicable)



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Child needs and goals

3. CHILD'S NEEDS & PROGRAM GOALS

A formal diagnosis is not required solely to apply for scholarship assistance unless a particular program or funding source requires documentation. Please identify areas in which your child may benefit from support.

- | | |
|--|---|
| ☐ Emotional regulation | ☐ Anxiety / stress management |
| ☐ Self-confidence / self-esteem | ☐ Communication |
| ☐ Social skills | ☐ Behavioral challenges |
| ☐ Attention / focus | ☐ Grief / significant life changes |
| ☐ Trauma-related challenges | ☐ Developmental challenges |
| ☐ Autism-related support needs | ☐ Physical limitations |
| ☐ Balance / coordination | ☐ Strength / endurance |
| ☐ Mobility | ☐ Sensory processing |
| ☐ Learning challenges | ☐ Family / peer relationships |

Other:

Why do you believe your child would benefit from participating at Wildcat Ranch Phoenix?

Top goals for your child (up to three):

Accommodations, supports, allergies, mobility considerations, or other information that may help your child participate safely and successfully:



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Financial need

4. FINANCIAL NEED

Scholarship funding is intended for families for whom program costs would create a financial hardship. Information is reviewed confidentially and used to determine scholarship eligibility and, when applicable, satisfy grant requirements.

Household size _____

Approximate annual household income:

- | | |
|--|---|
| ☐ Under \$25,000 | ☐ \$25,000-\$39,999 |
| ☐ \$40,000-\$54,999 | ☐ \$55,000-\$69,999 |
| ☐ \$70,000-\$84,999 | ☐ \$85,000-\$99,999 |
| ☐ \$100,000 or more | ☐ Prefer to provide additional information privately |

Needs-based assistance currently received (check all that apply):

- | | |
|---|--|
| ☐ Medicaid / AHCCCS | ☐ SNAP |
| ☐ WIC | ☐ TANF |
| ☐ SSI / SSDI for child | ☐ Free / reduced-price school meals |
| ☐ Housing assistance | ☐ Foster / Kinship Care Assistance |
| ☐ None | |

Would your child be unable to participate without scholarship assistance?

- ☐ Yes ☐ Probably ☐ No, but participation would create significant hardship

Please describe financial circumstances you would like the Scholarship Committee to consider:

Is another organization, insurer, school, or other entity providing financial assistance?

- ☐ No ☐ Yes



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Documentation and family commitment

5. OPTIONAL SUPPORTING INFORMATION

Supporting documentation may be requested when required by a specific grant or restricted funding source. Please do not submit detailed medical records unless specifically requested.

- ☐ Proof of qualifying assistance program
- ☐ Household income documentation
- ☐ Letter from teacher, counselor, therapist, physician, social worker, or other professional
- ☐ IEP eligibility page or similar documentation
- ☐ Other relevant documentation
- ☐ No supporting documentation included

6. ATTENDANCE & FAMILY COMMITMENT

Scholarship funds are limited and are made possible through donations, grants, sponsors, and community partners. Families receiving scholarships are asked to make every reasonable effort to attend scheduled sessions.

- ☐ My child is expected to attend scheduled sessions consistently.
- ☐ I will notify Wildcat Ranch Phoenix as soon as possible if my child cannot attend.
- ☐ I understand repeated missed sessions may result in remaining scholarship funds being reassigned, absent extenuating circumstances.
- ☐ I understand scholarship funds have no cash value and cannot be transferred.
- ☐ I understand a scholarship does not guarantee a particular activity, horse, instructor, therapist, or program.
- ☐ I understand participation remains subject to safety requirements, program eligibility, and applicable participant policies.

7. SCHOLARSHIP STATEMENT

Receiving this scholarship would make a difference for my child and family because:



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Certification and internal review

8. CERTIFICATION & AUTHORIZATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that scholarship assistance is based on available funding and that submitting an application does not guarantee an award.

I authorize Wildcat Ranch Phoenix to use the information in this application to determine scholarship eligibility and, when applicable, to document eligibility for grants or restricted charitable funds. De-identified and aggregated information may be used for grant reporting, fundraising, and program evaluation. Use of my child's name, photograph, personal story, testimonial, or other identifying information for publicity requires separate authorization.

Parent / guardian name _____

Signature (type full name) _____

Date _____

NONDISCRIMINATION STATEMENT

Wildcat Ranch Phoenix is committed to providing equal access to scholarship opportunities. Scholarship decisions are made without discrimination on the basis of race, color, national origin, religion, sex, disability, or other status protected by applicable law. Individual program eligibility may consider legitimate safety requirements, participant needs, program scope, available resources, and the organization's ability to provide appropriate services.

FOR WILDCAT RANCH PHOENIX USE ONLY

Application # _____

Date received _____

Program requested _____

Program cost \$ _____

Amount requested \$ _____

Decision:

☐

Full

☐

Partial

☐

Waitlist

☐

More info

☐

Not approved

Amount approved \$ _____

Funding source / grant _____

Scholarship period _____

Sessions / duration _____

Committee notes:

Reviewed by _____

Approval date _____

Authorized signature _____