



New England Human
Animal Bond Foundation

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113 Pine St., Columbia CT 06237 nehabct@gmail.com www.nehabct.org

FOREVER YOURS "FAITH"FULLY SCHOLARSHIP APPLICATION

Resources for scholarships are limited. We try to provide financial assistance to those riders who cannot afford the fee.

Rider's Name _____

Address _____

Parent/Guardian _____

Address _____

Contact Phone _____

Email _____

Mark the session(s) and program that you are applying for:

_____ Summer CAMP _____ Spring Riding Session _____ Fall Riding Session

Who is the party responsible for paying for your Nehab fee and submitting this application? _____ Parent _____
Guardian _____ Self _____ Other: _____

Family income (if rider is a minor) _____ Rider income (if rider is paying on their own) _____

Where does the rider reside: _____ At home with family _____ Alone _____ Other: _____

Total number of family members living in the household _____

Are any other family members disabled _____ Yes _____ No. If yes, please describe _____

Have you received a scholarship from Nehab in the past _____ Yes _____ No

How many years have you been at Nehab? _____

Are there any unusual medical needs we should consider? _____

Describe any **Mitigating Factors** that should be taken into consideration:

By submitting this information and signing below, I _____ (please print first and last name)
agree I have answered all questions to the best of my knowledge.

Signature of Rider or Parent/Guardian _____ Date signed _____

Enclosed is a copy of **one** of the following documents to support my application:

_____ first page ONLY of my most recent Federal tax return (**If the rider is a minor, the return from the
parent/legal guardian is required**)

_____ OR a copy of a recent SSI check

_____ OR a copy of my recent bank statement showing automatic deposits for my SSI check or other

government assistance Please return application to: New England Human Animal Bond Foundation 113 Pine St. Columbia CT
06237 nehabct@gmail.com