



# Grant Application Form

Participants Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_ Male \_\_\_ Female \_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Parent or Guardian Name(s) \_\_\_\_\_  
Home# \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ If not Participant's# Who \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
Purpose of Grant \_\_\_\_\_

Do you have previous horse experience? If so please describe \_\_\_\_\_

Please list any Medical conditions that need to be taken into consideration for program placement \_\_\_\_\_

Any other special things we should know \_\_\_\_\_

Proposed award amount \$ \_\_\_\_\_

Amount you are able to pay \$ \_\_\_\_\_

## Already have a facility/program/trainer in your corner?

Name of Program & Trainer \_\_\_\_\_

Location of Facility \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

## How would you like us to qualify participant

- Guardians income-please attach most recent 1040 IRS form
- Is this a single parent home? Yes \_\_\_ No \_\_\_
- Participant is on reduced lunch program with School district Yes \_\_\_ No \_\_\_
- Counselor/Therapist recommendation~ Please provide name, title and what you feel qualifies participant for grant \_\_\_\_\_

**Photo & Publicity Release (Optional):** I hereby consent to and authorize Happiness Through Horses to use my child's/ward's first name in all audio, visual and written promotional material and use and/or reproduce any and all photographs and any and all audiovisual materials taken of me /my child/my ward for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

Date \_\_\_\_\_ Participant's Signature \_\_\_\_\_

(Or signature of parent/guardian if participant is under age 18)