



TODAYS DATE: _____ FORM COMPLETED BY: _____

How did you hear about the House of Everyday Learning? _____

PROGRAM/CAMP SELECTION:

Scholarship granting may be limited due to amount of funds available. All grants are based on financial need. Please talk with the program contact person with any additional questions. Summer session 2023 will NOT be offering scholarships.

Equine Assisted Movement
Spring 12 weeks \$900

Equine Assisted Movement
Fall 12 weeks \$900

Equine Assisted Movement
Spring 6 weeks \$450

Equine Assisted Movement
Fall 6 weeks \$450

Parent/Caregiver is requesting: 10% Discount 30% Discount
 20% Discount 40% Discount

Is this the first-time receiving a scholarship from the House of Everyday Learning? yes no
If yes, what year was the scholarship granted: _____

DEMOGRAPHIC INFO:

Child's Name: _____ DOB: _____ Gender: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____ Primary Phone # _____

FINANCIAL INFO:

*All information on this form is strictly confidential and will only be viewed by the Scholarship Committee.

Number of dependent children: _____ Ages: _____

An accurate completed form will assist in determining if you are eligible for a scholarship. The worksheet below will help ensure that you include all income sources and all regular monthly expenses. Please enter the information on page 2 to the best of your knowledge. If an area does not apply, please write N/A. Form must be completed in its entirety in order to be considered for a scholarship. Prior month proof of payroll to be included with application. Based on information submitted, additional information/documentation may be required.

CHECKLIST PRIOR TO SUBMITTING:

- Fully completed form (2 full pages)
- Payroll proof from previous month
- Most recent tax return

PLEASE MAIL COMPLETED FORM AND DOCUMENTATION TO:
"HOUSE OF EVERYDAY LEARNING"
3001 11TH ST. S. FARGO ND 58103

Any questions, please contact Trudy
trudy@beyondboundaries.us or 701.356.0062

*this application due 3 weeks prior to camp start date

INCOME / MONEY COMING IN

This information will be obtained from: Most current tax return and most recent proof of payroll

| EXPENSES / MONEY GOING OUT | MONTHLY EXPENSE | COMMENTS |
|---|-----------------|----------|
| Home Mortgage/Rent | \$ _____ | _____ |
| Real Estate Tax or Fees | \$ _____ | _____ |
| Home Equity Line of Credit payment | \$ _____ | _____ |
| Car Payments | \$ _____ | _____ |
| Boat/Camper Payment | \$ _____ | _____ |
| Monthly Daycare Payment | \$ _____ | _____ |
| Utilities (Heat/Water/Garbage, Electricity Phone/Cable) | \$ _____ | _____ |
| Insurances: Car, Life; Medical | \$ _____ | _____ |
| Monthly Credit Card payments | \$ _____ | _____ |
| Monthly Essentials (Groceries, Clothing, Gas for Vehicle, Medications) | \$ _____ | _____ |
| Other Debt not stated above | \$ _____ | _____ |
| Total monthly Debt | \$ _____ | _____ |

CONDITIONS OF APPLICATION

Application is hereby made for the above-named client at the House of Everyday Learning. Acceptance of this client for engagement in groups/camps, and with the consents, in this application stated.

I hereby agree as follows:

- 1) To deliver the client to the House of Everyday Learning on time for all scheduled camp dates/times.
- 2) To waive and relinquish any and all claims or liabilities against the House of Everyday Learning, their associated, affiliated or parent bodies.

ALTERING THIS APPLICATION IN ANY WAY WILL RESULT IN DISAPPROVAL

Printed Name _____ Relationship: Parent Guardian Other: _____

Caregiver / Guardian Signature _____ Date: _____

ACTION OF BOARD OF DIRECTORS Based on financial qualifications, you were granted \$ _____

Details:

House of Everyday Learning Representative Signature

Date