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[www.ftea.org](http://www.ftea.org)

## Friends for Therapeutic Equine Activities The Ron and Patti Mehling Scholarship Application Guidelines

If the program participant is 18 years old or older and living independently, the program participant must complete the form and supply the required information. If the program participant is under 18, or is 18 or older and requires a guardian, the parent / guardian must complete the form and supply the required financial information.

NOTE: SSDI/SSI/SS recipients should refer to Page 2 for initial application and renewal procedures.

**Please be sure to use the correct portion of the Checklist to ensure your application is complete.**

### Scholarship Selection and Awards:

1. All information will be held in strictest confidence.
2. The Board of Directors Executive Committee of Friends for Therapeutic Equine Activities is solely responsible for awarding all scholarships.
3. An independent Scholarship Committee will make recommendations to the Executive Committee for scholarship awards, based on its anonymous review of all applications.
4. Scholarships are awarded for a single term, Session I, Session II or Session III.
5. Participants may apply for consecutive sessions, but will be evaluated for each session separately. Prior awards do not constitute a basis for future awards.
6. Applications will be accepted throughout the year. Please consult [www.ftea.org](http://www.ftea.org) for program schedule.
  - a. All applications received no later than 45 days before the beginning of a session will be processed for that session.
  - b. All applications received after the 45 day cut-off will be processed as time permits for that session.
7. Scholarships are not awarded in cash for any amount. They are awarded solely in the form of an offset to a portion of the fees charged for program participation and may not be used for any other purpose.

### Non-SSDI/SSI/SS Application Procedure:

1. Print the Application Checklist and Application Form on pages 3 and 4.
2. Complete the form.
  - a. Line a: Use the Total Gross Income amount from IRS Form 1040, 1040A, or 1040EZ).
3. For a new application, attach copies of:
  - a. Your last 3 years signed Federal income tax returns (IRS Form 1040, 1040A or 1040EZ) or a written explanation of why they are not available.
  - b. Your last 3 months pay stubs or unemployment receipts, or a written explanation of why they are not available.
4. For a renewal application, attach copies of:
  - a. Signed Federal income tax returns completed since the original application or latest renewal (IRS Form 1040, 1040A or 1040EZ) or a written explanation of why they are not available.
  - b. Your last 3 months pay stubs or unemployment receipts, or a written explanation of why they are not available.
5. Make a copy of the completed form for your records.

6. Mail the completed application and all attachments to:

**FTEA Scholarship Committee**  
**P.O. Box 566**  
**Wayne, IL 60184**

### **SSDI/SSI/SS Application Procedure:**

1. Print the Application Checklist and Application Form on pages 3 and 4.
2. Complete the form.
  - a. Line a: Total of all general benefits received from Federal and State sources for the previous three (3) years.
  - b. Line b: Total of all general benefits received from Federal and State sources for the current year.
  - c. Line c: Total of all general benefits received from Federal and State sources for the previous three (3) months.
3. For a new application, attach copies of:
  - a. Your last three (3) years, including current year, of Federal Representative Payee Report or Form SSA-1099 – Social Security Benefit Statement, or a written explanation of why they are not available. NOTE: You should combine both types of statements if you do not have three years of Form SSA-1099.
  - b. Your last three (3) years of Illinois Department of Human Services (DHS) Report Form or a written explanation of why they are not available.
4. For a renewal application, attach copies of:
  - a. Any NEW Federal forms you received since your original application or latest renewal or a written explanation of why they are not available.
  - b. Any NEW State forms you received since your original application or latest renewal or a written explanation of why they are not available.
5. Make a copy of the completed form for your records.
6. Mail the completed application and all attachments to:

**FTEA Scholarship Committee**  
**P.O. Box 566**  
**Wayne, IL 60184**

Applicant Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### **Friends for Therapeutic Equine Activities Scholarship Application Checklist**

**New Non-SSDI/SSI/SS Application**

- Completed Scholarship Application form
- Last three (3) years of signed Federal Income Tax form
- Three (3) months of most recent pay stubs or unemployment receipts
- Completed checklist

**Renewal Non-SSDI/SSI/SS Application**

- Completed Scholarship Application form
- Signed Federal Income Tax forms completed since original application or latest renewal
- Three (3) months of most recent pay stubs or unemployment receipts
- Completed checklist

**New SSDI/SSI/SS Application**

- Completed Scholarship Application form
- Last three (3) years of Federal benefits form
- Last three (3) years of Illinois DHS Report form
- Completed checklist

**Renewal SSDI/SSI/SS Application**

- Completed Scholarship Application form
- Any new Federal benefits forms received since original application or latest renewal
- Any new Illinois forms received since original application or latest renewal
- Completed checklist

**Friends for Therapeutic Equine Activities  
The Ron and Patti Mehling Scholarship Application Form**

**Applicant / Program Participant (please print)**

Name: _____	Date of Birth: _____
Street: _____	Apt: _____
City: _____	State/Zip: _____
E-mail: _____	Phone: _____

**Financial Summary**

a. Total Gross Income or Federal and State Benefits for Prior Three (3) Years:	\$ _____
b. Total Estimated Gross Income or Federal and State Benefits for Current Year	\$ _____
c. Total Gross Income or Federal and State Benefits for Prior Three (3) Months	\$ _____
d. Anticipated Expenses for all Therapeutic and Recreational Activities (FTEA and Others) for the <b>NEXT</b> Three (3) Months	\$ _____

**Value of Program for Program Participant**

Please explain how FTEA will help the Program Participant in the following ways. Please DO NOT refer to the Participant by name. Please print. Please attach additional pages as needed.

Physically - \_\_\_\_\_

Intellectually - \_\_\_\_\_

Socially - \_\_\_\_\_

Emotionally - \_\_\_\_\_

Other - \_\_\_\_\_

**Signatures**

Applicant / Program Participant Signature _____	Date _____
Parent/Guardian Signature _____	Date _____

Parent/Guardian Name (please print) \_\_\_\_\_