

*Gallop To Success*  
**Scholarship Program and Application  
Packet Check Off List**

*Incomplete applications will not be considered.*

Please make sure each of the following is included in your packet:

- Cover Letter
- Application Form (all 4 pages) and signature from parent/guardian
- Two letters of reference
- Day/Overnight/Year Round application (whichever is being applied for)  
→ Can be found at [www.GallopToSuccess.org](http://www.GallopToSuccess.org)

**DEADLINE FOR ROUND 1 CONSIDERATION: June 2, 2017**

**DEADLINE FOR ROUND 2 CONSIDERATION: June 26, 2017**

## **Gallop To Success**

# **Scholarship Program and Application**

1. The rolling application deadline for the first round for applications is **June 2<sup>nd</sup>, 2017**. Recipients will be notified within two weeks. If all camp scholarships are not awarded at that time, the deadline for the second round for applications will be announced on **June 26<sup>th</sup>, 2017**. Recipients will be notified within two weeks.
2. Refer to criteria below for eligibility requirements.
3. Refer to application process below for a list of the supporting documents needed. Incomplete applications will not be considered.
4. Submissions should be sent in **one** of the following formats:
  - emailed:* [GTS@sover.net](mailto:GTS@sover.net)
  - mailed:* Gallop To Success, 1214 Cross Hill Road, North Bennington, VT 05257
  - faxed:* 802-442-4675
5. If you have any questions about the application, please e-mail: [GTS@sover.net](mailto:GTS@sover.net) or by phone: [802-442-5454](tel:802-442-5454).
6. Please check all categories that you are applying for (please refer to the applications on [www.GallopToSuccess.org](http://www.GallopToSuccess.org) to obtain more information):

1. (1) Week of summer day camp (9 weeks available, 6/26/17 - 8/24/17)  
Week date requested: \_\_\_\_\_
2. Additional week of summer day camp (if available-budget dependent)  
Week date requested: \_\_\_\_\_
3. (1) Week of summer overnight camp (4 weeks available, 7/2/17 - 7/29/17)  
Week date requested: \_\_\_\_\_
4. Additional week of summer overnight camp (if available-budget dependent)  
Week date requested: \_\_\_\_\_
5. Year-round program (1-2 days per week, 48 weeks per year)

A physical examination is required **ONLY for all overnight scholarship recipients**.  
Funding for this exam is available, call 802-442-5454 for more details.

### ***CRITERIA***

***Please include each of the following with your application:***

- *Applicants must submit a cover letter. Please describe in a detailed statement why you are applying for a financial/merit scholarship.*
- *Applicants must have a parent/guardian permission signature as well as a personal signature on the "Statement of Accuracy."*
- *Applicant will include two letters of reference from any of the following: teacher, guidance counselor, minister, athletic coach, therapist, and/or camp counselor, or social worker.*
- *Applicant will complete the questions provided in the Application Form to be included with the cover letter.*
- *Upon the applicant's acceptance, a camp application will be completed.*

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***SCHOLARSHIP APPLICANT:***

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

***PARENT/GUARDIAN #1:***

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

***PARENT/GUARDIAN #2:***

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**STATEMENT OF ACCURACY**

I hereby affirm that the information stated in the cover letter for application is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the **Gallop to Success** scholarship program.

I hereby understand that if chosen as a scholarship winner, I will be asked to write in my own words after the completion of camp, what the experience meant to me. Guidelines will be provided.

**Signature of scholarship applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of scholarship parent/guardian :** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Gallop To Success*  
**Scholarship Program Application Questions**

1	How do you think the Gallop To Success horsemanship program will impact your life?
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2	Why are you applying for this program?
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3	List your community service activities, hobbies, outside interests, and extracurricular activities:
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4	Pick an experience that has happened to you and explain how it has influenced your life.
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