




ZOE FUND SCHOLARSHIP APPLICATION

Who We Are

Carlisle Charitable Foundation is an independently governed (501)(c)(3) nonprofit organization and the sole charitable partner of Carlisle Academy Integrative Equine Therapy & Sports in Lyman, Maine.

Our Mission

Our mission is to raise charitable scholarships for children and adults with disabilities who participate at Carlisle Academy Integrative Equine Therapy & Sports. Carlisle Charitable Foundation also supports ongoing research, promotion of medical reimbursement, and professional education in the field of equine-assisted therapy.

The Zoe Fund provides financial assistance to both para-equestrian and adaptive riders with disabilities at Carlisle Academy who are financially disadvantaged. Zoe Fund scholarships enrich the hopes and dreams of these riders, transforming the lives of individuals, families, and the community through horses. 

Student's Name _____ Date of Birth _____ Age _____

Primary Contact (if not the Student) _____

Relationship to Student _____

Address _____

City _____ State _____ Zip Code _____

Telephone (H) _____ (W) _____ (C) _____

E-mail (please print clearly) _____

Would you like to be added to our mailing list? Yes No (We do not sell, share, or distribute our list with any third party other than Carlisle Academy.)

The following information is requested for demographic purposes only. It is used in connection with the Foundation's grant applications for scholarship funding. Personal identifying information is not disclosed.

Student's primary disability is _____

Please check any additional diagnoses that apply to this Student:

- | | | | |
|-------------------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Autism Spectrum | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Depression/Anxiety/PTSD | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Orthopedic |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Other Neurologic | <input type="checkbox"/> Other _____ |

What para-equestrian/training program are you applying for? _____

Program Date(s) _____ Cost of Clinic _____ Overnight Stabling Fee _____ Lesson Horse Use Fee _____

Please tell us a little bit about yourself. What challenges you have overcome? How did you become involved in Para-Equestrian sports? What are your para-equestrian goals? How will this scholarship advance your goals? Attach an additional sheet if you wish.

Would you be willing to share your personal story as inspiration to others pursuing health and wholeness through their own para-equestrian journey? Yes No

May we use your comments in grant funding proposals and promotional materials? Yes No

May we identify you by first name? Yes No

Please be reminded that you have co-payment responsibilities to Carlisle Academy for the balance of tuition not covered by scholarship. Questions about tuition balances should be directed to Carlisle Academy, (207) 985-0374.

By my signature, I affirm that the information I have provided on this application is true and accurate to the best of my knowledge, information, and belief. I have read and understand the co-payment and agree to be bound by it.

Signature of Applicant or Legal Representative

Date

Carlisle Charitable Foundation

P.O. Box 935, Kennebunk, ME 04043

Tel: 207-967-3242 • Fax: 1-866-201-0656

Email: info@carlislecharitablefoundation.org • Web: www.carlislecharitablefoundation.org

Submit your application one of the following ways **(must be received by 5:00 pm, 7 business days prior to the Carlisle Academy registration deadline)**:

- 1) Mail the application and photo release to Carlisle Charitable Foundation, P.O. Box 935, Kennebunk, ME 04043.
- 2) Fax the application and photo release to CCF at 1-866-201-0656.
- 3) Email a PDF of the signed application and photo release to info@carlislecharitablefoundation.org.

Questions on the application? Please call the Foundation office at (207) 967-3242 for assistance, or e-mail info@carlislecharitablefoundation.org.



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PHOTO RELEASE 2016

STUDENT NAME _____

CONSENT TO USE PHOTO AND VIDEO

I, _____ (please print), in my capacity as

Student Parent/Guardian or Authorized Representative of Student

Do Do Not

consent to the use and reproduction by Carlisle Charitable Foundation of photographs or video taken of the Student for use in demonstrating and promoting the mission of Carlisle Charitable Foundation.

CONSENT TO IDENTIFY STUDENT

I authorize identification of Student in photos by:

First Name Only Do Not Identify Student

CONSENT TO QUOTE COMMENTS

May we use your name and "Comments" from the Scholarship Application in grant funding applications and/or promotional materials?

Name and Comments Comments Only

Signature of Student, Parent/Guardian, or Authorized Representative

Date _____