




# LEADERSHIP 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. 

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.)

What Training/Leadership 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. How will this scholarship advance your goals? Attach an additional sheet if you wish.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**Carlisle Charitable Foundation**  
P.O. Box 935, Kennebunk, ME 04043  
Tel: 207-967-3242 • Fax: 1-866-201-0656  
Email: [info@carlislecharitablefoundation.org](mailto:info@carlislecharitablefoundation.org) • Web: [www.carlislecharitablefoundation.org](http://www.carlislecharitablefoundation.org)

Applications must be received prior to the start date of the clinic. Submit your application one of the following ways:

- 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](mailto:info@carlislecharitablefoundation.org).

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



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**PHOTO RELEASE 2016**

**STUDENT NAME** \_\_\_\_\_

**CONSENT TO USE PHOTO AND VIDEO**

I, \_\_\_\_\_ (please print), in my capacity Training & Leadership clinic participant,  **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 my identification in photos by:

**First Name Only**  **Do Not Identify**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Printed Name

Date \_\_\_\_\_