

M& B Family Farms LLC.

Scholarship Application

20555 Pohaku Rd.

Bend, OR 97703

Tax EIN:83-0814919

Applicant's Name (1): _____

Applicant's Name (2): _____

Parent or Guardian Name: _____

Address: _____

City: State: Zip: _____

Phone: _____ Email: _____

Rider (1) Age: _____ Gender (circle one): Male / Female

Rider (2) Age: _____ Gender (circle one): Male / Female

of Dependent's in your household: _____

Can you provide a lunch for your child at camp? Please circle one: Yes No

Please indicate the amount you could pay now to reserve a spot toward the total fee of the desired week of camp: \$ _____

Payment Plan desired: _____

Please explain your current financial circumstances

M&B Family Farms LLC.

Scholarship Program & Guidelines

PLEASE READ CAREFULLY

1. Scholarships are generally available for M&B Farms. However, there are limited scholarships for Specialty Horse Camps for up to 40% of the camp fee, based on availability.

Scholarships are NOT available to anyone attending more than one week of camp.

2. In order to be considered for scholarship funds, a written request must be made to the farm explaining the basis for need. No application with genuine need will be refused as openings and funds are available.

3. Each applicant is requested to submit at least two of the following documents:

- A copy of the previous year's Tax Form
- Verification of scholarship or financial assistance from other sources (i.e., Free and Reduced Lunch Program, Academic Talent and Development Program (ATDP), "Yes" Program or Pell Grants).
- Letter from your child explaining why they want to take the class or participate in the program. Child should write this letter or dictate to adult to write for them.
- Letter from the parent or guardian explaining how your child would benefit from participation in our program.
- 30 days worth of pay stubs (2 stubs)

4. Scholarships are awarded according to need, sincerity of interest and registration openings.

I have read the guidelines for the Scholarship and willingly comply according to the spirit of the Scholarship program.

Signed: _____ Date: _____

Parent or Guardian Name Printed : _____

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541-410-7093