



Friends of Laughing Buck Farm 2024 Scholarship Application

Friends of Laughing Buck Farm develops and supports educational and therapeutic horse and farm experiences for EVERYONE. We are committed to developing programs that are fully accessible regardless of economic class, culture, gender, sexual identity or set of abilities. We celebrate inclusion and diversity and want you to know you are welcome here!

- Scholarships are available on a first come, first served basis. (The amount available for scholarships varies with the nonprofit funding levels and expenses.)
- All scholarship recipients will be asked to pay \$10 fee per lesson attended.
- The Board reserves the right to review special circumstances and may choose to modify the policy to address special circumstances for a period of time.
- Our guidelines are:
 - If a household's Adjusted Gross Income (AGI), according to the table below, is:
 - 0-50% of Area Median Income = Full scholarship (after \$10 fee/lesson)
 - 51-60% of Area Median Income = 75% scholarship(after \$10 fee/lesson)
 - 61-80% of Area Median Income = 50% scholarship(after \$10 fee/lesson)
 - 81-100% of Area Median Income = no scholarship (but we can consider special circumstances)

Income	Household Members							
	1	2	3	4	5	6	7	8
100% AMI	\$79,600	\$90,900	\$102,300	\$113,600	\$122,700	\$131,800	\$140,900	\$150,000
80% AMI	\$63,600	\$72,700	\$81,800	\$90,850	\$98,150	\$105,400	\$112,700	\$119,950
60% AMI	\$47,660	\$55,540	\$61,380	\$68,160	\$73,620	\$79,080	\$84,540	\$90,000
50% AMI	\$39,800	\$45,450	\$51,150	\$56,800	\$61,350	\$65,900	\$70,450	\$75,000
30% AMI	\$23,900	\$27,300	\$30,700	\$34,100	\$36,850	\$40,280	\$45,280	\$50,560

AMI – Area Median Income; Note: This table will be updated in mid-2024

APPLICATION PROCESS (Your financial information is kept confidential, only reviewed by FLBF Treasurer.)

1. Complete the scholarship application form on the back page. **(Required)**
2. Include a copy of your most recent federal income tax return. **(Required)**
3. If you have it, please include any additional documentation that can be used as income verification, including proof of participation in any of these programs listed below. (This is optional but helpful.)
 - A Poudre School District Free or Reduced lunch letter from the current school year.
 - Proof of current State or Federal Assistance, including but not limited to:
 - Medicaid (*we do not accept copies of Medicaid cards as proof of coverage*)
 - SNAP (Supplementary Nutrition Assistance Program) (*EBT cards are not acceptable proof*)
 - SSI (Supplementary Security Income) or SSDI (Social Security Disability Income)
 - WIC (Women, Infants, and Children) (*WIC cards are not acceptable proof*)
 - TANF (Temporary Assistance for Needy Families)
 - CCAP (Child Care Assistance Program)
 - Foster Care
 - Medicare Savings Program ; Self-Sufficiency Program
 - NOTE: You can obtain a Verification of Benefits from the Larimer County Human Services Office in person at: 1501 Blue Spruce Dr. #2000, or by phone: 970-498-6300
4. Email completed scholarship application and documentation to laughingbuckfarm@gmail.com
5. **NOTE: Ongoing scholarship recipients will be asked to provide updated income information annually in May.**

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PLEASE PRINT CLEARLY

Applicant name: _____ Date: _____

Child's Name if applicable: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

HOUSEHOLD

1. For the purposes of this application, a household is made up of family, children, partners who share living expenses. Do not include roommates. How many members are in your household?

2. What is your household **Adjusted Gross Income** for most recent year (See line 11 from the Federal 1040 Income Tax form): _____

3. Are you interested in working off additional tuition by doing barn chores, maintenance or repairs? YES /NO (Please briefly explain)

Question and Answer:

4. What program(s) are you applying for?

5. Why do you want or need a scholarship from Friends of Laughing Buck Farm?

5. What would it mean to receive a scholarship?

I certify that this information is true and correct to the best of my knowledge. Falsification of this information could jeopardize the award of Friends of Laughing Buck Farm Scholarship to me.

Applicant Signature: _____ Date: _____

Parent Signature (if Applicant under 18): _____ Date: _____