



## Friends of Laughing Buck Farm 2024-2025 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)

Household Size:	1	2	3	4	5	6	7	8
100% AMI	83,200	95,100	107,000	118,800	128,400	137,900	147,400	156,900
<b>80% of AMI*</b>	<b>66,550</b>	<b>76,050</b>	<b>85,550</b>	<b>95,050</b>	<b>102,700</b>	<b>110,300</b>	<b>117,900</b>	<b>125,500</b>
60% of AMI	49,920	57,060	64,200	71,280	77,040	82,740	88,440	94,140
50% of AMI	41,600	47,550	53,500	59,400	64,200	68,950	73,700	78,450
30% of AMI	25,000	28,550	32,100	35,650	38,550	41,400	44,250	47,100

AMI – Area Median Income; Note: This table will be updated in mid-2025

### **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 in person at: 1501 Blue Spruce Dr. #2000, or 970-498-6300
4. Email completed scholarship application and documentation to [laughingbuckfarm@gmail.com](mailto:laughingbuckfarm@gmail.com)
5. **NOTE: Ongoing scholarship recipients will be asked to provide updated income information annually in May.**

# Friends of Laughing Buck Farm 2024 Scholarship Application

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: \_\_\_\_\_