AGENCY/SCHOOL
2018 SCHOLARSHIP LETTER OF INTENT
(Only one application is required each year)

Agencies **MUST** complete Program Screening with Sarah Armentrout at Carlisle Academy before submitting a scholarship application, unless previously screened. (207-985-0374; sarmentrout@carlisleacademymaine.com).
Have you completed this screening? ☐ **YES** ☐ **NO**

Name of Agency _____

Participants' Age Range: ☐ Preschool (24m -6 yrs) ☐ School Aged ☐ Young Adult (18-55 yrs) ☐ Seniors (55+ yrs)

Primary Contact Person for this Agency is: _____

Primary Contact's Address _____

Primary Contact's Telephone _____

Primary Contact's Email _____

Nature of Disability We use this information for grant funding proposals. Personal identifying information is not disclosed.

Primary disabilities represented:

☐ Multiple Sclerosis ☐ Disabled Veteran ☐ At-Risk Youth ☐ Learning Disorder
☐ Autism Spectrum ☐ Down Syndrome ☐ Traumatic Brain Injury ☐ PTSD
☐ Cerebral Palsy ☐ Age-Related Disability ☐ ADD/ADHD ☐ Addiction Recovery
☐ Mental Health

☐ Other _____

THERAPY PROGRAM SELECTION

All agency/school funding is dependent upon grants received by the foundation for a specific agency population or purpose. Based upon the intent of this once per year application, the CCF office will notify you of scholarships available to your agency/school within the season. Please see the Carlisle Academy website at www.carlisleacademymaine.com for more information on *Equine-Facilitated Therapy & Wellness Programs*.

Session	Scholarship Application Deadlines Carlisle Charitable Foundation	Registration Deadlines Carlisle Academy
Spring 2018 (4/2 thru 6/30)	February 26, 2018	March 12, 2018
Fall 2018 (9/10 thru 12/8)	August 6, 2018	August 20, 2018

Please indicate which semester(s) your agency/school could attend should funding become available:
☐Spring ☐Fall

Your agency/school co-pay will depend upon the number of weeks you plan to attend, the number of students attending, and the amount of the grant we receive.

Please indicate the amount of scholarship you are seeking: _____

Please tell us about the participants/students in your group. What outcomes do you hope to see as a result of participation in Carlisle Academy Programs? If you have attended in the past, what changes have you observed? What aspects of the program (curriculum, staff, therapy horses, facilities) have been particularly meaningful to this group's experience, or their developmental and wellness gains?

May we use your comments in our grant funding applications and promotional materials? □ Yes □ No

Signature of Authorized Group Representative Date

Printed Name

Applications are due by 5:00 pm on the deadline date. Submit completed application online (preferred) or by email, Fax, or First Class mail to:

Carlisle Charitable Foundation
P.O. Box 935
Kennebunk, ME 04043
Tel: 207-967-3242 • Fax: 1-866-201-0656

IMPORTANT!

We will acknowledge receipt of all applications by phone or email. If you have not heard from us by the next business day after submitting your application, please contact us at 207-967-3242, or by email at info@carlislecharitablefoundation.org to confirm that your application was received and is complete.