

Swan Center Outreach, Inc.
Scholarship Application Based on Financial Hardship 73009

All of the information on this form needs to be completed, if you are requesting a scholarship, based on a claim of "Financial Hardship." Parents of a minor child may apply on behalf of their child. Adults may only apply for themselves.

After completion of this form, you may return it to **Swan Center Outreach** via E-mail Swancenter.org; Fax 678-623-3468; or Mail PO Box 25749, Silverthorne, Colorado 80497

1. Name of program you are applying for: _____

2. Amount of tuition you are applying for: _____

3. Name of the person you are applying for: _____

4. Relationship (if you applying for a minor): _____

5. Applicant's Contact Information:

Home Phone _____ Cell _____ Work _____

E-mail _____ Fax _____

Emergency contact: _____

Relationship: _____

Present address (Number, Street, City, State, Zip-If P.O. Box, also list physical address)

How long at this address? _____

6. Description of Need (please describe in detail):

7. Applicant's Financial Information

Social Security # _____

Number of people living in home []

Do you: []Own your home []Rent

Total Income (before taxes)

(If you are a parent applying for a minor, please list entire family income.) \$ _____

Monthly Rent or mortgage expense \$ _____

Monthly Utilities expense \$ _____

Monthly Car expense \$ _____

Monthly Food expense \$ _____

Other Monthly expenses \$ _____

(Describe in Detail)

8. List any other information that you would like us to know, when considering this application:

I, the undersigned, do hereby certify that the information provided is complete and the truth, to the best of my knowledge.

Printed Name _____

Signature **Date**

Liability Agreement – Swan Center Outreach Inc. 7.30.09

Date of Event _____ [] For Today Only [] For Today and Ongoing dates
Name of Visitor _____ Age _____ (if under 18)

If you are under the age of 18 – list information of parent/guardian. If 18 or over, list personal information.

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Fax _____ E-mail _____

This is a legal document affecting your right to claim damages for injury to yourself.

Warning Under Colorado law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities, pursuant to Section – 13-21-119, Colorado revised statute.

To induce Swan Center Outreach Inc., their agents, servants, employees, to allow the use of the facilities, horses and other farm animals of Swan Center Outreach Inc., and in consideration of the same, I, by signing this agreement, agree to hold harmless, discharge and indemnify Swan Center Outreach Inc. and owner of any property leased by Swan Center Outreach Inc. from any liability, damages, costs or loss to myself, as a result of participating in any activities of Swan Center Outreach Inc., and whether any such liability, damage, cost or loss shall be due to act, omission, or negligence, I do hereby waive and renounce and agree to indemnify and hold harmless Swan Center Outreach Inc., Rose and John Longhill, and any of its agents, servants, employees, volunteers, landlord or instructors from any right, claim or cause of action which I may have for injuries or damages sustained while engaged in any activity with said program caused by such agent, servant, employee, volunteer or instructor or other program participant.

In plain language, I agree not to sue Swan Center Outreach Inc. or anyone associated with it for injuries that I may sustain while attending any program activities. Because, even with the best of precautions, I am aware that during visits or participation in courses or any activities sponsored by Swan Center Outreach Inc. certain dangers may occur including but not limited to, interaction with horses and other animals during their care, and work related activities.

I CONSENT, AND GIVE PERMISSION TO Swan Center Outreach Inc. and its agents to photograph myself, my child, or children, in connection with Swan Center Outreach Inc. activities. I understand that any such photographs, & all rights associated with them, will belong solely and exclusively to the Swan Center Outreach Inc., which shall have the absolute right to copyright, duplicate, reproduce, alter, display, distribute, and/or publish them in any manner, for any purpose, and in any form including, but not limited to, print, electronic, video, and/or Internet. I voluntarily waive any and all rights with respect to any such photographs, including compensation, copyright, and privacy rights and any right to inspect or approve such photographs and/or copy, print or other materials that may be used in connection with them. I hereby release and discharge, and agree to hold harmless, Swan Center Outreach Inc., its officers, agents and employees, and all persons acting under its permission or authority, from any claims and liability in connection with such photographs and/or their use.

I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS CONSENT, WAIVER, AND RELEASE FORM, AND I SIGN IT FREELY AND VOLUNTARILY.

Participant's Signature

Date

Parent's Signature (if under 18 years of age)

Date

Swan Center Outreach

www.swancenter.org

P.O. Box 25749 • Silverthorne • Colorado • 80497

Phone: (970) 468-0924 • **Fax:** (678) 623-3468 • **E-mail:** swancenter@mindspring.com