

## Miracles in Motion Scholarship Application

*Miracles in Motion*

Thank you for your interest in participating with Miracles in Motion. Our organization operates entirely from class fees, grants, and individual & corporate donations.

The fee for an 8-class session of adaptive riding or horsemanship is \$400.

When possible, Miracles in Motion provides scholarships for students who qualify financially (limit 1 per student per year). To qualify for a scholarship, your family's income must be less than 200% of the 2026

Federal Poverty Guidelines, as listed in



**Deadline Dates:**

Spring Session: March 18<sup>th</sup>

Summer I Session: May 27<sup>th</sup>

Fall Session: August 10<sup>th</sup>

Persons in family or household	Max income level
1	\$31,300
2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300
7	\$97,300
8	\$108,300
For each add. person, add	\$11,000

the table below.

Date: \_\_\_\_\_ Family size: \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent(s) or Guardian (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Family's Yearly Taxable Income (must be verified):

☐ \$33,000 and under

☐ \$50,001- 70,000

☐ \$90,001- 110,000

☐ \$33,001- 50,000

☐ \$70,001- 90,000

☐ \$110,001

Please explain your financial hardship or need for this financial assistance: \_\_\_\_\_

**Verification Required:** A copy of the first page of your most recent federal income tax return must be submitted with this form. It is acceptable to redact SSN # from the copy of the tax return. If you are not required to file taxes, another form of income documentation must be included with this form.

**Deadline:** This form must be received 2 weeks prior to your student's first scheduled class to be considered for a scholarship. Please know that if this form is not received by the deadline, full payment for the session enrollment fee will be required. There is an option to set up weekly payments.

**Approval Process:** The Miracles in Motion Executive Board of Directors will determine who is eligible to receive a scholarship fund.

**Mail form to:** Attn: Exec BOD, Miracles in Motion, PO Box 14, Cedar Rapids, IA 52406-0014

Please call the Miracles in Motion office at 319.857.4141 with questions.

I declare that the information in this application is true to the best of my knowledge.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Relation to Student*