

## **NESAR and PATH INTL. Region 1 Scholarship Guidelines and Application Form**

### **General Scholarship Program Information**

**New England Special Activities Resources** (NESAR) is proud to financially support Region 1 members in their quest to become certified PATH INTERNATIONAL instructors, to maintain their certification by attending continuing education programs and to expand their expertise in areas directly related to equine assisted activities. The scholarship program focuses on individuals who might not be able to attend educational programs without financial support and who have limited experience in their area of study and have difficulty accessing more experienced support.

### **Scholarship Amounts and Criteria**

Scholarship amounts are approved by the Scholarship Committee and are capped at 75% of tuition costs or \$500, whichever is less. Only tuition costs are eligible for scholarship. Housing or travel expenses are not considered. The criteria for approving a scholarship application includes the financial need, the experience level of the applicant and the relevance of the educational program to equine assisted activities such as therapeutic riding, driving, vaulting and horsemanship. Previous approved applications included PATH INTERNATIONAL workshops and conferences.

### **Qualifications**

To qualify for a NESAR scholarship, you must:

- Be a current PATH INTERNATIONAL member at the time of application
- Reside or provide equine assisted activities in PATH INTERNATIONAL Region 1 (Connecticut, Maine, Massachusetts, New Brunswick, Newfoundland, New Hampshire, Nova Scotia, Prince Edward Island, Quebec, Rhode Island, or Vermont)
- May not have received a NESAR scholarship within a 2-year calendar period

All recipients are encouraged to share their expertise with others within Region 1 and to volunteer at PATH INTERNATIONAL Region 1 activities.

### **Submitting an Application**

The 2-part scholarship application is available online in the Region 1 section of [www.pathintl.org](http://www.pathintl.org), or from a PATH INTERNATIONAL Region 1 Region Leadership Team or a PATH INTERNATIONAL State chairperson.

Part 1 of the application includes completing the application with cost information and providing descriptive materials about the educational program and other information about the applicant.

Part 2 of the application includes a confirmation of attendance and an evaluation of the educational program. **It is important to note that scholarship awards are made only AFTER the receipt of the evaluation of the educational program. You must submit the evaluation within 30-days of completing the program to remain eligible for the scholarship award.**

Applicants may submit their materials via mail or via email or a combination of the two if the descriptive materials are paper-based. Please complete the application clearly and completely otherwise your application WILL NOT be considered.

### **Waiting for Approval**

The Scholarship Committee will acknowledge the receipt of an application immediately and will notify the applicant within 30-days of receipt if a scholarship is approved. At least 3-members of the Scholarship Committee who are not affiliated with the applicant or with the same center as the applicant will review the application and make their recommendation to approve or not approve the application. Approvals are subject to available funding. Awards may be used only for the specified educational program and may not be transferred to another individual or center. Deposits or fees forfeited in connection with

cancellation or nonattendance are the responsibility of the recipient or the center and will NOT be covered by scholarship funds.

## **NESAR and PATH INTERNATIONAL Region 1 Scholarship Guidelines and Application Form**

**Please send the completed application and descriptive material to the Scholarship Chair:** Liz Adams PO Box 1219 Eastham, MA 02642 or [eaharrisadams@gmail.com](mailto:eaharrisadams@gmail.com)

**Part 1:** Please complete the following information.

### **1. About You**

Name: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Address: \_\_\_\_\_

Email: (*please print clearly*) \_\_\_\_\_

PATH INTERNATIONAL Member #: \_\_\_\_\_

### **2. About Your Center**

Affiliated Center: \_\_\_\_\_

Applicant's Role at Center (circle all that apply): *Other:* \_\_\_\_\_

*Instructor PT OT SLP Psychotherapist Administrator Volunteer*

Describe the services that the Center provides: \_\_\_\_\_

How long has the Center been in operation? \_\_\_\_\_ Accredited?: yes or no

Center's number of clients?: \_\_\_\_\_ Number of instructors?: \_\_\_\_\_

PATH INTERNATIONAL certification level of all center instructors & therapists (circle all that apply):

*Registered Advanced Master AHA Certified PT/OT Licensed Psychotherapist*

### **3. About the educational program or event**

Please describe Educational Program (event, workshop, course) and attach descriptive materials to the application: \_\_\_\_\_

Dates: Location: Hours/CEUs: \_\_\_\_\_

Describe the significance of the educational program for you and your center. What knowledge gap or need will it help to fill:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tuition cost: \$ \_\_\_\_\_

### **4. About the funding:**

Applicant contribution: \$ \_\_\_\_\_

Center contribution: \$ \_\_\_\_\_

Other contributions/scholarships: \$ \_\_\_\_\_

# NESAR and PATH INTL. Region 1 Scholarship Guidelines and Application Forms

## Part 2: Evaluation of Educational Program or Event to be submitted after the event.

Please submit within 30-days of successful completion of the educational program to remain eligible for your scholarship award.

### 1. About You

Name: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ PATH Int'l. Member#: \_\_\_\_\_

Affiliated Center: \_\_\_\_\_

### 2. About the Program

Educational Program: \_\_\_\_\_

Dates: \_\_\_\_\_

Location: \_\_\_\_\_

Hours/CEUs: \_\_\_\_\_

What was your reaction to the Educational Program?

---

---

---

How will what you learned help you in your work in equine assisted activities?

---

---

---

How will it help your center?

---

---

---

Would you recommend this Educational Program to others? Yes \_\_\_ No \_\_\_ Maybe \_\_\_

Who would it be useful for (instructors, therapists, administrators, others) and why?

---

---

---

Would you be able to volunteer with NESAR/PATH INTERNATIONAL Region 1 events? \_

Would you be able to present at PATH INTERNATIONAL Region 1 events? \_\_\_\_\_

**Please send the completed application and descriptive material to the Scholarship Chair: Liz Adams PO Box 1219 Eastham, MA 02642 or [eaharrisadams@gmail.com](mailto:eaharrisadams@gmail.com)**