



**2023 Professional Association of Therapeutic Horsemanship International  
EAS Participant Fund  
Nomination Form**

The purpose of this fund is to assist a participant who would not otherwise be financially able to participate in a therapeutic horsemanship program at a PATH Intl. Premier Accredited Center. The scholarship will cover up to 95% of the cost. One participant may receive up to four sessions or \$1,000. The EAS Participant Fund limit is \$3,000 per year.

The awarded centers must agree to promote this scholarship with PATH Intl. in order to bring awareness to the Equine-assisted Services industry, PATH Intl., and your center.

Premier Accredited Centers, once you have completed this form, please email it to Anna Warbritton at [awarbritton@pathintl.org](mailto:awarbritton@pathintl.org). All nominations must be received by May 1, 2023! If you have any questions about this grant, please contact Anna Warbritton at [awarbritton@pathintl.org](mailto:awarbritton@pathintl.org)

**Nominee information**

Nominee's Full Name: \_\_\_\_\_

Nominee's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

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

How long has the nominee been a participant at your center: \_\_\_\_\_

**Additional Information:**

Nominating PATH Intl. Premier Accredited Center: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Nominator's Full Name: \_\_\_\_\_

Preferred phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Relationship to the participant: \_\_\_\_\_

**Funding Information:**

Total cost per session: \_\_\_\_\_

Total number of sessions requested for participant: \_\_\_\_\_

Funding request amount: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**Please continue to next page for questionnaire.**



***Please make all answers to the following questions as anonymous as possible. Neither the participant's name nor PATH Intl. Center with which they are affiliated can be included. Use generic he/she/they, the center, etc. The first page of this nomination form includes the nominee's and center's information so be sure the form is included with your submission. Only typewritten nominations will be considered. Use more paper as needed.***

- 1) Please describe the equine-assisted services goals of this participant for the next year and long-term.
  
  
  
  
  
  
  
  
  
  
- 2) Please describe how this participant benefits from equine-assisted services including the participant's progress to date.
  
  
  
  
  
  
  
  
  
  
- 3) Please share the participant's financial situation and why they require financial assistance to benefit from equine-assisted services.
  
  
  
  
  
  
  
  
  
  
- 4) Please list all other funding this participant receives for equine-assisted service. For instance, does the center partially scholarship the nominee or do they receive other funding from a local community group?