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, 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.

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Please send the completed application and descriptive material to the Scholarship Chair: Liz Adams PO Box 1219 Eastham, MA 02642 or 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:$_____________
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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? __________

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