

Rocky Mountain School of Animal Acupressure and Massage P.O. Box 36097 Denver, Colorado 80236 303-660-9390 information@rmsaam.com

Scholarship Application

The Rocky Mountain School of Animal Acupressure and Massage (RMSAAM) will provide funds for up to 8 scholarships per year for a few selected individuals who can clearly demonstrate financial hardship, and as a result cannot afford the programs. The term of this scholarship is for one program or class.

The applicant must complete and submit the application in ONE easy to read packet by the DEADLINE FOR THE QUARTER they want to attend classes . No exceptions. If a completed packet is not received by the deadline you must reapply for the next quarter. If your packet is incomplete or unclear, we will not hold it and wait for additional documents. It will be returned to you.

Please mail your entire application with required documents to:

RMSAAM

P.O. Box 36097

Denver, CO 80236

APPLICATION DEADLINES

January 1 (for 2nd Qtr acceptance)

April 1 (for 3rd Qtr acceptance)

July 1 (for 4th Qtr acceptance)

October 1 (for 1st Qtr acceptance)

Please make sure your application is postmarked by the deadline, otherwise your application will not be included in our review process. We will notify all applicants of their award status no later than 3 weeks prior to the acceptance date.



SCHOLARSHIP PACKET MUST TO INCLUDE:

1. Scholarship Application Form

2. Proof of Financial Hardship

- a. Tax returns: Prior 2 years filed; W-2 forms and/or your parents' tax forms for prior 2 years if you are a dependent student
- b. Untaxed Income Records:
 - Veterans' or Disability Benefits
 - Workman's Compensation Benefits
 - Child Support
 - Any additional untaxed benefits

3. Three Letters of Reference

- a. Must be from someone you respect and admire, and who is not related to you
- b. Must include contact name and full and current contact information (email, address and phone number)

4. Personal Essay

a. A 250 word essay on why this program is important to you and what you intend to do with the skills you hope to learn

5. Enrollment Agreement

- a. Please contact our office (information@rmsaam.com or 303-660-9390) to obtain the Enrollment Agreement for the course(s)/course format you are interested in
- b. Fill out as completely as possible
- c. No payment information needed

6. Community Service/Volunteer Form

- a. Please indicate on the top of the form where you will be completing the 25 hours of required volunteer work (if you know). Use separate forms for each location.
- b. Please keep a copy of this form as you will provide this to your Volunteer Supervisor for them to complete and re-turn to you
- c. The 25 hours required DO NOT have to be completed before you submit the scholarship application



SCHOLARSHIP GUIDELINES:

- 1. Persons awarded a scholarship may receive a partial or full tuition scholarship up to 100% tuition paid by RMSAAM. Recipient will be responsible for a non-refundable materials fee of approximately \$65.00 (plus applicable tax), their own transportation, meals, lodging, and any other costs they incur during the program.
- 2. Scholarship recipients must attend all the classes and complete all homework during their program and it must be completed within the stipulated time frame of 18 months. Failure to do so will result in forfeiture of the scholarship and dismissal from the program.
- 3. The scholarship may only be used during the dates and class or program specified in the scholarship contract. Minimum and maximum enrollment rules per the RMSAAM Enrollment Agreement apply (Minimum 3 paying students for a scholarship student to attend). Should the specified class not be minimally enrolled, RMSAAM and the recipient will agree on another date. This will be determined a minimum of two weeks prior to the awarded class or program. It is the recipient's responsibility to contact RMSAAM and confirm the class or program two weeks prior.
- 4. When the program or class has been completed, the recipient must write at least a 250 word essay about their RMSAAM experience. The recipient will allow RMSAAM to publish and utilize this essay along with recipient's photo, name, and any materials or submissions RMSAAM chooses. RMSAAM will not share your personal or financial information, address, phone, or contact information.
- 5. The scholarship recipient must apply what they learn from RMSAAM and give back to their local community, before receiving their certificate. A recipient must provide signed proof of 25 hours of volunteer service from a local Veterinary Clinic, animal shelter, rehabilitations clinic or other similar business or organization. Please use the attached Community Service/Volunteer Form which provides the organizations' name, contact person, address, and telephone number along with dates, times, and number of volunteer hours. (Not required to be submitted with the scholarship application.)
- **6.** The materials fee is non-refundable. Cancellation and rescheduling fees will apply should the scholarship recipient change their class dates or withdraw from the program.



Scholarship Application Form

To be mailed to: RMSAAM, P.O. Box 36097, Denver, CO 80236 Please keep a full copy for your records.

Date:
Name:
Address:
Home Phone and/or Cell Phone:
Email:
Emergency Contact Name and Phone:
Applicant's Household annual gross income: \$
(Check One) □ Employed on disability □ Retired □ Unemployed □ Student (ages 17-22) □ Other, please explain:
Requested Date(s) and/or Name of Program or Class:

-					
Expected results f	From participation is	n the class or prog	ram at RMSAAM	I :	



Community Service/Scholarship Volunteer Form

<u>To the Student:</u> Please complete the information below and give this form to your Community Service or Volunteer Supervisor. Please make as many copies as you need. Use a separate form for each location you volunteered your time.

<u>To the Community Service/Volunteer Supervisor:</u> The purpose of this volunteer evaluation form is for our scholarship students to give back to their local community. Please fill out this form as accurately as possible and then please mail them to RMSAAM, PO Box 36097, Denver, CO 80236.

Please write business name, mailing address, phone number, and supervisor's name below:

HOURS	DESCRIPTION OF WORK PERFORMED	SUPERVISOR'S INITIALS

DATE	HOURS	DESCRIPTION OF WORK PERFORMED	SUPERVISOR'S INITIALS
L			<u> </u>
Superviso	r's Signatur	e:	Date:

Community Service Evaluation

(For Volunteer Supervisors) Please rate the student 1-5 (1 being below average, 2 average, 3 good/above average, 4 excellent, and 5 being one of the top few you have ever known) on the qualities listed below: 3 5 Listening Skills 2 3 Communication Skills 5 Honesty/Integrity 1 2 3 5 1 2 3 5 Responsibility 2 5 Treated Animals with 1 3 4 Care and Respect Treated Peers with 2 3 5 Care and Respect Overall Evaluation of 1 2 3 5 Student Effort/Determination 2 3 5 2 Creativity 1 3 5 2 5 Organization 3 Concern for Animals 3 5 and Others/Community If the student is relatively weak or strong in any areas, please elaborate. Please comment on the student's character and on their contributions to your community or volunteer situation. Please add any additional information that will give us a more complete picture of this student. Thank you for taking your valuable time to complete this form. Your reflections are an important part of the student's scholarship. Supervisor's Signature Telephone Date

Email Address

Mailing Address