

NSTA Henry Eliopoulos Memorial Youth Scholarship

Requirements:

- Applicant is between the ages of 10 and 18 years old.
- Your animal meets Pet Partners Criteria for Prospective Therapy Animals as listed on the Pet Partners website <http://www.petpartners.org>.
- Scholarship funds reimburse actual expenses (such as, therapy animal training classes, veterinary exam for certification, Pet Partner registration) up to a maximum of \$250.
- Priority is given to Rats, Rabbits, Small Animals and Non-Canine Teams.
- A parent signature is required on all application forms.
- A non-family member reference (such as, a teacher, coach, neighbor, veterinarian, employer, etc.) who knows you and/or your animal well.
- The NSTA Youth Scholarship committee meets quarterly. Submission deadlines are March 31, June 30, September 30, or December 31.
- All applicants will be contacted for an interview.

I hereby apply for a scholarship under the Youth Scholarship Program rules and submit the information.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Email _____

Birthdate _____

1. List your school and your grade level.

2. Describe your animal (species, age, breed) and how long have you owned your animal.

3. Explain why you think your animal is well suited to therapy work and why you believe your animal would enjoy therapy work.

4. Explain what motivated you to want to consider therapy animal volunteering.

5. List the specific activities or expenses for which you plan to use scholarship funds (such as, therapy animal training classes, veterinary exam for certification, Pet Partner registration).

6. List anything else you want the scholarship committee to know about you (150 words maximum).

I promise that, to my knowledge, all statements in this application are true and correct. I also agree that all information in this application will become the property of North Star Therapy Animals. I agree that the decisions of the NSTA Youth Scholarship committee are final.

Signed _____ Date _____

Parent/Guardian Signature _____ Date _____

Name of a non-family member reference _____

Reference's phone number or email address _____

E-mail the completed application to info@northstartherarpyanimals.org or

Mail the completed application to Youth Scholarship Committee, North Star Therapy Animals, PO Box 26053, St. Louis Park, MN 55426.