

Scholarship Application

The Pet Therapy Training Scholarship provides financial assistance for the cost of therapy dog training in the OSU Pete's Pet Posse Program. Current value of the scholarship is \$350. Additional costs associated with the program are shown in the Fee Schedule in the program Application, and are the responsibility of the owner/handler.

Scholarship applications are reviewed and awarded by the Pet Therapy Advisory Board. There is one scholarship available per training class. Awards are based primarily on the demonstrated financial need of the individual applying, although other factors may be taken into consideration. Applicants must be in good standing with the University, and household income must be less than \$50,000 annually to be considered.

Please complete this Scholarship Application and return it with a completed Application to participate in Pete's Pet Posse by email to pettherapy@okstate.edu no later than September 30, 2021.

Name of scholarship winner may be published and/or may appear in published media including, but not limited to, press releases, web page, and social media outlets. By applying, you acknowledge you are granting Pete's Pet Posse permission to share your name and likeness without further compensation.

| Name of Owner: | |
|--|-------------|
| Address: | |
| Work Phone: | Cell Phone: |
| Email: | |
| Are you: □ Faculty □ Staff | |
| OSU Department: | |
| Supervisor: | |
| If not employed at OSU, please list your affilia | ation: |

| Name of Dog: | | | |
|----------------------------|---------------------------|-------------------------------------|------------------|
| Breed: | | Age: | |
| Male: □ Fema | | Castrated: □ Spayed: □ | |
| Rescue: Yes □ No □ | | | |
| How long has your pet live | d in your home? (years | s or months): | |
| Is your Annual Household | Income less than \$50,0 | 000? Yes □ No □ | |
| If employed by the univers | ity, are you currently in | n good standing? Yes □ No | |
| If no, please explain: | | | |
| Please explain why you are | applying for scholarsh | nip assistance to participate in Pe | ete's Pet Posse: |
| Does your dog have a "stor | y"? If so, please tell it | below (attach additional page in | f necessary): |
| | | | |
| Why do you want to partic | pate in the Pet Therapy | y Program (attach additional pag | ge if necessary) |

| Why do you feel your dog would make a good therapy | animal? |
|---|--|
| | |
| | |
| Is there anything else you would like for the Advisory E | Board to know about you or your pet? |
| | |
| I understand the scholarship criteria and have provided If I am selected for the scholarship, I agree to the use of marketing/promotion of the scholarship through Oklaho further compensation. | my name and likeness in any |
| Applicant name (please print): | |
| Applicant signature: | Date: |
| Please email this Scholarship Application along with pettherapy@okstate.edu no later than September 30 | a completed program Application to , 2021. |
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| Pete's Pet Posse is a program of Oklahoma State University. This used, reproduced, or disclosed to other parties without the express | |
| July 2021 | |