



A Paw to Hold

Service Canine Scholarship Application



A Partnership Between AAIF and Ragnar Defense - Casper, WY

Thank you for your interest in the **A Paw to Hold Service Canine Scholarship Program**. This application helps us understand your needs and determine how a service canine can support your family. Please read the requirements carefully and complete all sections thoroughly. All information provided on this scholarship application will be used exclusively to assess eligibility and need for a service canine.

Note: 'Applicant' refers to the individual in need of the service canine. This may be an adopted child experiencing attachment, trauma, or behavioral challenges, or a family member in the same household significantly impacted by trauma or mental health conditions related to parenting or being the sibling of the adopted child.

ELIGIBILITY REQUIREMENTS:

- The applicant must either be a child adopted from foster care or an immediate family member living in the same household as such a child.
- The applicant must currently reside in Wyoming.
- The family must be willing to participate in an in-person interview with representatives from AAIF and Ragnar Defense, if requested.
- The family understands that this scholarship does not cover the entire cost of a service canine and agrees to cover the remaining cost of service canine training as outlined by Ragnar Defense.
- The family understands that the service canine will be spayed or neutered before placement.
- The family agrees to all terms outlined in the Ragnar Defense Service Canine Agreement.
- The family must submit a completed *Mental Health Provider Form* from a licensed therapist if the applicant is currently in therapy. If the applicant is not receiving therapy, the family must instead complete and submit a *Mental Health Provider Absence Form*.
- The family must submit a completed *Medical Provider Form* from the applicant's primary care provider.
- The family must submit a copy of the adopted child's *Decree of Adoption* to verify adoption through foster care.
- All adults aged 18 or older living in the household must submit a completed copy of the Authorization to Conduct
 Background Check form. Scholarships will not be awarded to families with any member who has been convicted
 of, or pled no contest to, violent or child/family-related crimes.

Applicant's Full Name:	Date of Birth:
Parent/Guardian's Full Name:	Relationship to Applicant:
Mailing Address:	City:
State:	Zip:
Home Address:	City:
State:	Zip:
Email:	Phone:

The Alliance for Attachment-injured Families seeks to empower, educate, and encourage parents, educators, and other professionals who engage with our children experiencing attachment & trauma related issues to encourage healthier communities throughout the state of Wyoming.

Short Answer Questions

Please answer all questions thoroughly and truthfully. If you need more space, you are welcome to attach additional pages.

1.	Why do you believe a service canine would benefit the applicant?	
	(Please describe any specific challenges or symptoms that the canine would help address.)	
2.	What are your expectations for the service canine and for Ragnar Defense Training Facility?	
	(Include any hopes related to behavior, training outcomes, or daily life.)	
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3.	Please describe your family's lifestyle.	
	(Include household members, daily routines, other pets, or significant activities.)	
4.	How do you believe a service canine will impact your entire family? (Include potential benefits and any anticipated challenges.)	
5.	Has anyone in your household ever harmed, or is likely to harm, an animal?	
	(Please be honest; this is important for safety and planning.)	
Ву	signing this document, you confirm that you agree to all the requirements listed and certify that all the	
info	ormation you have provided is true and accurate.	
Sig	nature: Date:	
- 0		
Ema	ail completed application and related documents to AttachmentInjuredFamilies@gmail.com or mail to:	
AAI		
	n: T Johnson	
	Box 82 per, WY 82602	

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