



**NORTH CAROLINA HORSE COUNCIL
APPLICATION FOR SCHOLARSHIP
THERAPUTIC RIDING LESSONS OR ACTIVITIES:**

Personal Information

First Name: _____

Middle Name: _____

Last Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: (____) _____

Email Address: _____

Have you ever applied for or received a therapeutic riding scholarship before?

Y or N

If yes, please explain (include date): _____

Are you over the age of 18? Y or N

If you are under the age of 18, do you receive funding for therapeutic riding lessons from any other source? Y or N

If Yes, please explain: _____

For What purpose would you be using the scholarship dollars:

Individual Riding Lessons: _____

Group Riding Lessons: _____

Other: _____

Desired Scholarship Amount: \$_____

How many days of the week will you be riding?

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____



Brief Explanation of why you need the scholarship:

If you are retired or active Military, Please provide the following information:

Branch: _____

Rank in Military: _____

Total Years of Service: _____

Skills/Duties: _____

Related Details: _____

Please Provide the information on the Therapeutic Riding Center you desire to attend:

Name of Facility: _____

Contact Information of Facility:

Director's Name: _____

Address: _____

Telephone: _____

Email: _____

References from the Identified Therapeutic Riding Center:

Please have the center attest to your ability to attend the program for which you are applying for a scholarship and the Center's interest and availability for the applicant to attend. (Attach letter)

Certification

I certify that the information contained in this application is true and complete.
I authorize the verification of any and all information listed above.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian if Applicant is minor:

_____ Date: _____