



**APPLICATION FOR SCHOLARSHIP
THERAPEUTIC 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: \$ _____ Cost per Lesson: \$ _____

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 including the skills or goals you hope to achieve from the therapy or riding lessons.

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 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 and I authorize the verification of any and all information listed above.

Signature: _____

Date: _____