

Ride With Pride

Full/Partial Scholarship Application

Please note that the information you provide on this application will be kept confidential. Partial scholarships of \$100 will be available on an as needed basis for the 2018 riding year. Initial priority will be given to students who complete and return the scholarship application form to RWP no later than 30 days prior to the start of the session. If applying within 30 days and scholarships are still available, applications will still be considered. Criteria will be based on household income and need, and will be decided on by the Director. If a student is denied a scholarship in one session, he/she may reapply for another session.

This application is submitted for (circle): **Spring Session** **Summer Session** **Fall Session**

What type of scholarship are you applying for: **FULL** **PARTIAL**

Participant's Full Name _____

Date of Birth _____ Primary Diagnosis _____

Name of Parent(s)/Guardian(s) _____

Primary Address _____

Phone: (H) (____) _____ (W) (____) _____ (C) (____) _____

Is this the first time you have applied for scholarship at Ride With Pride? **YES** **NO**

Name of Father/Guardian: _____

Employer: _____

Employer's Address and Phone: _____

Name of Mother/Guardian: _____

Employer: _____

Employer's Address and Phone: _____

How much are you able to pay per lesson? _____

Number of Adults in Household: _____ **Number of Dependent Children in Household:** _____

Combined Household Annual Income Category: (Please Check One):

- Under \$30,000 per year
- Between \$30,000 and \$45,000 per year
- Between \$45,000 and \$60,000 per year
- Over \$75,000 per year

IMPORTANT INFORMATION

*** If the participant misses 3 unexcused lessons, you will lose your scholarship. ***

Please attach a copy of your most recent Federal Tax return with the Social Security Number Blacked out/removed.

Do you have any additional sources of income (real estate, child support, social security, disability, alimony, pensions, retirement, trust fund, etc.)? YES NO

If YES, please explain amounts, frequency of income, and source:

Are there any extenuating circumstances that you could share with us to aid in this decision? Please feel free to attach additional sheet if necessary.

Please briefly describe why you believe therapeutic riding will benefit this participant.

Please discuss your transportation to Ride With Pride and any reasons regular attendance may be a problem:

THANK YOU FOR YOUR APPLICATION. PLEASE SIGN, DATE AND RETURN THIS APPLICATION TO: Ride With Pride, PO Box 1203 Staunton, VA 24402. Please indicate on the envelope "scholarship" above the mailing address for Ride With Pride. WE WILL BE IN TOUCH WITH YOU SOON.

PLEASE BE CERTAIN TO INCLUDE SUPPORTING DOCUMENTATION AS REQUESTED. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. ALL SCHOLARSHIPS AWARDED ARE SUBJECT TO THE AMOUNT OF FUNDS AVAILABLE.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Scholarship Approved: _____	Approved By: _____
Dates Approved: _____	Amount Approved: _____