



## Scholarship Application

This application is submitted for (circle all that apply):

**Spring**

**Summer**

**Fall**

**Winter**

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

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

### **\*IMPORTANT INFORMATION\***

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

Participant's Full Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Caregiver and relationship to Participant: \_\_\_\_\_

Address of primary caregiver (if not the same):

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of Adults in Household: \_\_\_\_\_ Number of Dependent Children in Household: \_\_\_\_\_

Employment of primary caregiver: \_\_\_\_\_

### **Other Parents/Caregivers**

Name and relationship to participant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employment: \_\_\_\_\_



**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:**

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

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

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

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**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

**How much are you able to pay per lesson? \_\_\_\_\_**

Applications may be emailed to [info@ridewithpride.org](mailto:info@ridewithpride.org) or dropped off in person to the Program Director.

**ALL SCHOLARSHIPS AWARDED ARE SUBJECT TO THE AMOUNT OF FUNDS AVAILABLE.**

Signature of Applicant/Parent/Caregiver \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

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