



IMPORTANT INFORMATION

*** Application MUST be submitted two weeks before session for processing***

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

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**

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:

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

**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.**

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



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@ridewithprideva.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

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|-----------------------------|
| Scholarship Approved: _____ |
| Approved By: _____ D |