



Scholarship Application

Participant Name: _____ **Date of Birth:** _____

Date of Request: _____ Have you applied before? Yes _____ No _____

Requesting Full or partial scholarship (please circle) (please note, minimum co-pay for parents is \$10/session): _____

Partial "Riderships" are considered, so please indicate the amount you are requesting to reflect any amount that you can pay. Funds available may vary. Amount awarded will also be based on income.

Part I (Information requested applies to Parent/Guardian or Independent Participant)

Parent/Guardian Name _____ Phone Number _____

Student resides with: Mother Father Both Parents Guardian Self

Address _____ City _____ Zip _____

Guardian or Independent Student is: Married Single Divorced/Separated Widowed

Number of children _____ Number of people living at home _____

Does the Participant qualify for Medicaid? Yes _____ No _____ If so, please provide a copy of their Medicaid card as proof of eligibility.

Annual Income: Please consider all of your *household's* financial resources and list your annual income in the space provided. These include, but are not limited to: Alimony/Maintenance, Wages, Welfare, Social Security, Pension/Retirement, VA Benefits, Medicaid, Insurance Benefits, Unemployment, Insurance, DSHS Respite Care/DDD*, Child Support, Disability Payments: \$ _____

PART II (Applies to participant and family)

1. In what other types of activities and therapy does student participate and how often?



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2. Have you or are you willing to write a semi-annual impact statement about how therapeutic riding has effected your child? Circle: **Yes/ No**

3. How does therapeutic horsemanship benefit you or your child? What do you or he/she find most enjoyable about therapeutic horsemanship?

4. Please list unusual circumstances (debts, illness, etc.) that contribute to your need for assistance:

Any Additional Comments:

I certify that the information provided in this application is correct to the best of my knowledge.

<hr/> Signature	<hr/> Date
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