

**STIRRUPS ‘N STRIDES THERAPEUTIC RIDING CENTER
SCHOLARSHIP APPLICATION**

Section 1- Instructions

Date: _____

It is Stirrups ‘n Strides goal that no rider shall be turned away because of inability to pay for riding time. Therefore, annual scholarships are available on a limited basis based on financial need. Funding for these scholarships is provided through supporter donations and grants that are specifically designated for scholarship purposes.

Proof of income in the form of a current tax return must accompany this application.
All financial information will be kept confidential & disclosed only to the Board of Directors

Scholarship eligibility will be determined by the Board of Directors

Scholarships available are the following:

- 1/2 scholarship requires payment for every second (other) lesson
- 1/3 scholarship requires payment of 2 out of 3 lessons
- Full scholarship

Section 2 – Statement of Need

Annual gross income for household: _____<\$20,000 _____<\$25,000 _____\$30,000 & up

Number of children in household: _____

Number of members of household with special needs: _____

Please note: additional hardships may be considered, please specify: _____

Type of Scholarship: _____ 1/2 _____ 1/3 _____ Full

Section 3 – Contact/Rider Information

Rider’s Name _____

Parent or Guardian _____

Address: _____

Telephone: _____ E-mail: _____