4246 W. Hwy 318, Citra, FL 32113

SECTION I-INSTRUCTIONS:

Date: _____



(352) 427-3569 Betty Gray, Director

SCHOLARSHIP APPLICATION

It is the goal of Stirrups 'n Strides that no rider should be turned away because of inability to pay for riding time. Annual scholarships are available on a limited basis based on financial need. Scholarships are for a term of one year (September through August). They must be refiled annually.			
PROOF OF INCOME IN THE FORM OF A ORDER TO BE CONSIDERED. ALL FINA THE BOARD OF DIRECTORS.			
Scholarship eligibility will be reviewed the committee for Board's approval. F	-	•	ittee, and a recommendation made by available.
SECTION II- STATEMENT OF NEED: Annual gross income for household: Total # of people employed within hou Number of children in household: Number of household members with s Please note any additional hardships to	sehold: pecial needs:		
Type of scholarships applied for:	1/2	Full	
SECTION III-CONTACT/RIDER INFORM Rider's Name: Parent or Guardian or self:			
Address:			
Telephone:	Cell:		Other:
E-mail:			
SIGNATURE:		Date:	
I understand by the above signature th knowledge.	nat all statements	& documents ar	e true & accurate to the best of my