



**THERAPEUTIC
HORSEMANSHIP**

Therapeutic Horsemanship Scholarship Program

Partial scholarships are available to TH riders. A scholarship application is included with your registration materials. Should you wish to apply for a scholarship, please submit your completed scholarship application and supporting financial documents.

The completed application form will be reviewed January 1, 2010, and June 1, 2010, and should be included with your registration forms. Proof of income must accompany this form; accepted forms for proof of income are: prior or current month's paycheck stubs or prior year's income tax return (please provide copies, originals are not necessary). Proof of income is only required once per year. Everyone is required to send proof of income to be considered for a scholarship. If you have questions about this form, please call the TH office at 636-332-4940. This application must be filled out in its entirety. Scholarship decisions are made by the Scholarship Committee of Therapeutic Horsemanship and all decisions are final. Once the Committee has determined scholarships, you will be notified of your application status and the remaining fees due to TH.

Thank you for applying for a scholarship through Therapeutic Horsemanship.

Therapeutic Horsemanship
January 2010 Scholarship Deadline is January 1, 2010.
June, 2010 Scholarship Deadline is May 15, 2010.

Office Use Only:

Cost of Session _____

Admin Fee Pd _____



Confidential Scholarship Application Form

Rider Name: _____

Parent(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Number of Individuals in Family: _____ I can pay _____ towards monthly lesson fees.

For which Program offered through Therapeutic Horsemanship are you requesting assistance?
(please circle one)

Hippotherapy

Sports Riding

Carriage Driving

EEL

Reason For Request: (please attach separate sheet if necessary)

INCOME

<u>Source</u>	<u>Amount</u>
Salary	_____/month
Spouse Salary	_____/month
Child Support	_____/month
ADC	_____/month
Medicaid	_____/month
Pension	_____/month
Social Security	_____/month
Disability	_____/month
Other	_____/month

EXPENSES (general estimate)

<u>Source</u>	<u>Amount</u>
Mortgage/Rent	_____/month
Utilities	_____/month
Food	_____/month
Child Care	_____/month
Medical Expenses	_____/month
Credit Cards	_____/month
Leisure	_____/month
Education/Tuition	_____/month
Other	_____/month