



**THERAPEUTIC
HORSEMANSHIP**

Office Use Only:

Cost of Session _____

Deposit Amount _____

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: _____

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

Hippotherapy Sports Riding Equine Experiential Learning Progressive Riding Therapy
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