

**RIVER VALLEY RIDERS
RIDING/DRIVING SCHOLARSHIP APPLICATION**

YEAR: _____

SPRING SUMMER FALL

Student Name: _____

Date of Birth: _____

Disability: _____

Amount Requesting: _____

Part I (Information requested applies to Parent/Guardian)

Name: _____

Spouse's Name: _____

Home Phone: _____ Work: _____ Other Phone: _____

Address: _____

City, State ZIP: _____

Number of children: _____ Ages: _____ Number living at home: _____

Student resides with: Mother Father Both Parents Guardian Self

FINANCIAL RESOURCES – Must be completed to be considered for funding

Do you have any opportunity for government or agency funding of therapeutic riding or driving?

Yes No

*****PLEASE COMPLETE BOTH SIDES*****

RIVER VALLEY RIDERS--SCHOLARSHIP APPLICATION

PART II (Applies to student)

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

2. Would the student or a family member be interested in volunteering to help RVR? How?

3. How does therapeutic riding benefit you (if independent student) or your child? What do you or he/she find most enjoyable about therapeutic riding?

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.

Signature

Date

For Official Use Only

Amount Granted: _____

Date: _____

*****PLEASE COMPLETE BOTH SIDES*****