Riding For Dreams
Therapeutic Riding Program

Scholarship Form

Scholarship is being requested for: _____ (year)
_____ Spring Session Summer Session _____ Fall Session_____
Rider name:_____ Date of Birth:_____
Guardian:_____
Address:_____
City, State:_____ Zip:_____
Home Phone:_____
Email:_____
Please explain your reason for requesting the scholarship:

The above information is true and correct to the best of my knowledge:
Signature:_____Date:_____

Office use only:
Request approved: Yes No Amount:_____
Comments:_____
Reviewer Initials:_____