



Parkwood Therapeutic Riding Center

3142 Mechanicsville Road Philadelphia, PA. 19154

Office: 215-715-6123

www.parkwoodTRC.com

2013 Scholarship Application

Please note that the information you provide on this application will be kept confidential. If a scholarship is awarded, it will count towards one seasonal session. We will request a new application for each session. Meanwhile, if your financial situation should change before the next application deadline, we respectfully request that you notify us of the changes.

Student's Full Name _____

Date of Birth _____ Diagnosis _____

Name of Parent(s)/Guardian(s) _____

Primary Address _____

Phone: (home) _____ (work) _____ (cell) _____

Date of Application _____

Is this the first time you have applied for scholarship for therapeutic riding? _____

Are you currently receiving benefits from the state such as Access, food stamps, Medicaid, or have you been approved for a reduced or free lunch through a public school system?

(Circle one) YES NO

If yes, please attach a copy of your letter of approval (must be dated within the past 12 months). Please go to page 2 of this form to sign and date prior to submission. *You do not need to provide any additional information at this time.* If no, please complete the remainder of the application.

Name of Father/Guardian _____

Employer _____

Employer's Address and Phone _____

Name of Mother/Guardian _____

Employer _____

Employer's Address and Phone _____

No. of Adults in household: _____ No. of Dependent Children in Household: _____

Combined Household Annual Income category: (please check one)

- Under \$30,000 per year
- Between \$30,000 and \$45,000 per year
- Between \$45,000 and \$60,000 per year
- Between \$60,000 and \$75,000
- Over \$75,000 per year

Please attach a copy of your most recent federal tax return and a copy of all pay stub(s) from the past 30 days.

Do you have any additional sources of income (real estate, child support, social security, disability, alimony, pensions, retirement, etc.)?

Please circle. YES NO

If yes, please explain amounts, frequency of income and source.

Are there any extenuating circumstances that you could share with us to aid in this decision? Please feel free to attach additional sheet if necessary.

Please briefly describe why you believe therapeutic riding will benefit your student.

Please mark the session that you are applying for:

Winter _____ Spring _____ Summer _____ Fall _____

THANK YOU FOR YOUR APPLICATION. PLEASE SIGN, DATE, AND RETURN TO THE PROGRAM DIRECTOR AT PARKWOOD THERAPEUTIC RIDING CENTER. WE WILL BE IN TOUCH WITH YOU SOON.

Signature of Applicant

Date: _____