



Riding on Angels' Wings Scholarship Form

Scholarship is being requested for: _____ (year)
_____ Spring Session _____ Summer Session _____ Fall Session
6 weeks only _____ 6wks _____ 12 wks 6 weeks only

Rider name: _____ Date of Birth _____ SSN: _____

Parent/Guardian: _____

Address: _____

City, State: _____ Zip _____

Home Phone: _____ Email: _____

Please explain your reason for requesting the scholarship :

Income level:

0-\$25,000 _____

25,000-50,000 _____

50,000-75,000 _____

75,000-100,000 _____

Household size: _____

Single parent _____

Married _____

Is your child an eligible waiver recipient? Yes _____ No _____

If so, is funding for horseback therapy available through the waiver dollars? _____

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

Signature _____ Date _____

Request approved: Yes No Amount _____

Comments:

Reviewer Initials