Riding on Angels' Wings Scholarship Form

Scholarship is being requested for: _____(year)

_____Spring Session *_____Summer Session* *_____Fall Session*
8 weeks *12 weeks only* *8 weeks*

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 _____