

The Saddle Light Center for Therapeutic Horsemanship



The Saddle Club Scholarship Program Application

Rider Name: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Parent/Legal Guardian: _____ Phone: _____

Email: _____

Scholarships are offered to Saddle Light Center (SLC) riders for the **calendar year May 1 through April 30**. **You will be asked to reapply each year by April 15**. If you choose not to reapply, or become ineligible, scholarship funding will stop effective **May 1**. You may continue in the riding program using a different payment resource. Decisions are based on a combination of factors including financial need, anticipated benefits to the rider's disabilities, the commitment to attending sessions at least once a week, and available funds.

Please choose one of the following: **Hippotherapy** **Therapeutic Riding**

FINANCIAL INFORMATION			
Total Family Size		Total Gross Monthly Wages	
Number of Children under 18		Monthly Child Support	
Number in our program		TANF/AFDC/Welfare	
		SSI/SSDI	
		Grants/Scholarships	
		Other (please describe)	
		TOTAL FAMILY INCOME	

Please attach a copy of the first page of your most recent Federal Income Tax return, last 3 months pay stubs, proof of other income, and any other details you would like us to consider. All information will be kept in strictest confidence.

Anticipated Benefits: Please list 3 reasons Hippotherapy/Therapeutic Riding would benefit this rider.

I certify that the above information is accurate and complete to the best of my knowledge. I give Saddle Light Center permission to verify all of the above information. I understand that any incorrect information will result in immediate termination of this request.

Rider/Parent/Legal Guardian: _____ Date: _____