



Scholarship Application

Please note that the information you provide on this application will be kept confidential. If a scholarship is awarded, it will continue for a designated time and then we may request another application.

Student's Full Name _____

Date of Birth _____ Primary Diagnosis _____

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

Primary Address _____

Phone: (H) (_____) (W) (_____) (C) (_____) _____

Email: _____

Is this the first time you have applied for scholarship at Renew? (Please circle) YES NO

Is this request for full or partial financial assistance? (Please circle) FULL PARTIAL

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

Is the student eligible for free or reduced lunch through the school system? (Please circle) YES NO

Please continue to the next page.

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 this student.

THANK YOU FOR YOUR APPLICATION. PLEASE SIGN, DATE AND RETURN TO THE OFFICE AT RENEW AT 4271 60th Street, HOLLAND, MI 49423 OR EMAILING TO PROGRAMS.RENEW@GMAIL.COM WE WILL BE INTOUCH WITH YOU SOON TO FOLLOW UP.

ALL SCHOLARSHIPS AWARDED ARE SUBJECT TO THE FUNDS AVAILABLE FOR DISTRIBUTION.

Signature of Applicant

Date

For office use only:

Scholarship awarded: _____ Approved by: _____
Dates approved: _____ Approval deadline: _____
Funding Source: _____