



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.

RIDER INFORMATION

RIDER'S FULL NAME: DATE OF BIRTH:
PRIMARY ADDRESS: CITY: STATE: ZIP:
PHONE: (H) (W) (C)
EMAIL:
PRIMARY DIAGNOSIS:

FAMILY INFORMATION

NAME OF FATHER/GUARDIAN:
EMPLOYER: EMPLOYER'S PHONE:
EMPLOYER'S ADDRESS:
NAME OF MOTHER/GUARDIAN:
EMPLOYER: EMPLOYER'S PHONE:
EMPLOYER'S ADDRESS:
NUMBER OF ADULTS IN HOUSEHOLD: NUMBER OF DEPENDENT CHILDREN IN HOUSEHOLD:

Combined Household Annual Income category: (please check one)

UNDER \$30,000 PER YEAR \$45,000-\$60,000 PER YEAR OVER \$75,000 PER YEAR
\$30,000-\$45,000 PER YEAR \$60,000-\$75,000 PER YEAR

Is the student eligible for free or reduced lunch through the school system? YES NO
Is this the first time you have applied for scholarship at Renew? YES NO
Is this request for full or partial financial assistance? FULL PARTIAL

MORE ON BACK ->

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.

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

Thank you for your application. Please sign, date, and return to Shaina by mail or by email. We will be in touch with you soon.

MAIL Renew TRC
5080 146th Ave.
Holland MI 49423

EMAIL programs@renewtrc.org

Signature of applicant:

Date:

FOR OFFICE USE ONLY

SCHOLARSHIP AWARDED:

APPROVED BY:

DATES APPROVED:

APPROVAL DEADLINE:

FUNDING SOURCE:
