



LESSON SCHOLARSHIP OPPORTUNITIES

An underlying mission of CTREE is to make its lessons available to all participants whose application for registration is accepted. CTREE is able to fulfill this mission through the generosity of our supporters and the administration of a scholarship program based strictly on need.

APPLICATION FOR SCHOLARSHIP

New Participants - Individuals applying to participate in CTREE lessons may request a *Scholarship Application* and submit it with their application for participation. Scholarships are awarded only after the individual has been evaluated and accepted into CTREE's lesson program.

Current Participants – Scholarships are awarded for individual sessions or the entire riding year (Fall through Summer Semesters). All scholarship requests must be renewed on an annual basis by submitting a newly completed Scholarship Application.

AWARDING OF SCHOLARSHIPS

All information provided on the *Scholarship Application* is kept in strict confidence. The Scholarship Committee reviews the applications and may find it necessary to request additional information; this is arranged by the CTREE office on a confidential basis.

Scholarships are awarded in the form of credit toward the tuition for scheduled services; the participant is notified of this award in writing.

Acceptance of Scholarships

Upon accepting an awarded scholarship, recipients/families of awarded scholarships are required to assist CTREE in furthering its mission and fundraising by helping at Open Houses and with other forms of outreach and volunteering to help with at least one fund-raiser during the year.

All scholarship information is kept strictly confidential

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This application is for a scholarship at CTREE, Center for Therapeutic Riding of the East End. The information will be kept confidential and will be made available only to the CTREE Scholarship Committee.

Scholarship awards are based solely upon need. Due to limited funds we sincerely hope that application for a scholarship will be made only after careful assessment of your needs.

It is important that an application be filed as early as possible prior to the start of the session. All requested information must be provided. We cannot consider this application until all material has been submitted.

Final determination of scholarship awards will be based on the demonstrated financial needs of the applicant and the funds available for scholarship at CTREE.

Applicant's Name _____

Applicant's Age _____ Phone _____ E-mail _____

Applicant's Mailing Address _____

Father's Name _____

Father's Home Address _____

Father's Occupation _____

Father's Employer _____

Father's Business Address _____

Mother's Name _____

Mother's Home Address _____

Mother's Occupation _____

Mother's Employer _____

Mother's Business Address _____

Are you a one or two family income household? _____

Please list amount per year of any aid or support you receive other than earned income

Annual earned income Category (check one)

<\$15,000 _____ \$15,000-\$25,00 _____ \$25,000-\$50,000 _____ >\$50,000 _____

Number of dependents in household: Adults _____ Children _____

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Applicant's Name: _____

List dependent children:			Percent of	Percent of
<u>Name</u>	<u>Age</u>	<u>School/College</u>	<u>tuition paid</u>	<u>aid received</u>
			<u>by parents</u>	<u>by parents</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List other people dependent upon your income (e.g., parents):

Other Information:	Date	Wholly		
	Purchased	Owned	Financed	Rented
Real Estate/Primary Residence	_____	_____	_____	_____
Vacation Property	_____	_____	_____	_____
Vehicle 1-Year and Make	_____	_____	_____	_____
Vehicle 2-Year and Make	_____	_____	_____	_____

Please identify below other financial obligations you may have that should be considered with this Scholarship Application. In addition, if there are other factors you feel might affect consideration of this application, please explain them.

Please attach copies of your last 2 years of tax returns or provide documentation that the participant receives financial assistance from the school district.

Please check level of Scholarship Aid requested: 1) 25% 2) 50% 3) 75%

Signed: _____ Date: _____

Scholarship Committee Approval: _____ Amount: _____ Date: _____