

MARION THERAPEUTIC RIDING ASSOCIATION, INC.



SCHOLARSHIP REQUEST FORM

Marion Therapeutic Riding Association, Inc. (MTRA), is a 501-c-(3) not-for-profit organization. Rider fees are necessary to help defray the expenses of equine assisted therapy and cover only a small portion of the actual cost.

It is the policy of MTRA, Inc. to strive to make our program available to all families, regardless of ability to pay. MTRA is committed to providing financial assistance in an objective, fair and responsible manner to students who would not be able to participate without financial support. Prospective students and their families are expected to exhaust all other options of financial support prior to filing a scholarship application. To be eligible to receive funding, MTRA will require income verification and proof of any assistance that is being received. Scholarships are not retroactive and must be applied for and approved prior to each sessions start date, unless otherwise noted. All riders must pay a minimum of \$5.00 per lesson. Scholarships are only available for group lessons. There are no scholarships available for the afterschool or summer riding program.

Volunteer commitment: Scholarship awards can be supplemented with an agreement to commit to volunteer and the training necessary to be competent. Volunteer assignments are not guaranteed. The volunteer must complete all training requirements successfully and be confirmed in a volunteer spot prior to being awarded further supplement. Supplement award amounts are based on the number of hours confirmed.

Volunteer Work Options
___ Program/lessons ___ grounds/maintenance ___ special event
___ feeder ___ lessons
***Any family receiving scholarship monies is required to volunteer one shift at the Live Oak International Driving Event

PLEASE FILL OUT ALL OF THE FOLLOWING INFORMATION

INCOMPLETE FORMS WILL NOT BE PROCESSED

Once all required information is submitted, there is a one week verification period. We will contact you with the results and the amount of allocation, if applicable.

Rider's Name _____	Date _____	
Address _____	City _____	Zip _____
School (if applicable) _____	Grade _____	
Parent or Legal Guardian _____	Day Phone _____	
Email _____		

Financial Information

(All blanks must be filled in with the amount or n/a)

Total Family Size _____	Number of Children under 18 _____	Number in our program _____
Parent (s) Name _____		
Name(s) and Age(s) of all children _____		
Total Monthly wages \$ _____	Monthly Child support \$ _____	
Welfare \$ _____	SSI \$ _____	SSDI \$ _____
Grants/scholarships \$ _____	Food stamps \$ _____	Other \$ _____

I certify that the above information is accurate and complete to the best of my knowledge. I give MTRA, Inc. the permission to verify all of the above information. I understand that any incorrect information will result in a termination of this request.

Rider/ Parent /Legal Guardian _____

Date: _____

MTRA Program Director _____

Date _____