



## SCHOLARSHIP APPLICATION

**If you have multiple individuals who participate in Ride for Joy, you must complete a Participant Application for each individual, but you may complete one scholarship application.**

1<sup>st</sup> Rider's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 2<sup>nd</sup> Rider's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 3<sup>rd</sup> Rider's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Part I – Information on Participant or Parent/Guardian

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Alternate #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_  
 Spouse's Address (if different from above): \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Alternate #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
 Participant resides with:  Both Parents  Mother  Father  Guardian  Other: \_\_\_\_\_  
 Number of children living at home: \_\_\_\_\_ Ages: \_\_\_\_\_

Do you have more than one person living at home that has a disability?  Yes  No

### Part II – Financial Resources

Please indicate how much money you receive each month from each of these sources.

| Type of income      | \$ Amount | Type of Income     | \$ Amount |
|---------------------|-----------|--------------------|-----------|
| Wages               |           | Welfare            |           |
| Alimony/Maintenance |           | Pension/Retirement |           |
| Spousal Support     |           | Disability         |           |
| Child Support       |           | VA Benefits        |           |
| Unemployment        |           | Savings            |           |
| Social Security     |           | General Assistance |           |
| Medicaid            |           | Insurance Benefits |           |
| DSHS Respite/DDD    |           | Other: _____       |           |

|                       |    |
|-----------------------|----|
| TOTAL MONTHLY INCOME: | \$ |
|-----------------------|----|

### Part III – Narrative

1. In what other types of activities and therapy does the individual participate and how often?
2. How does therapeutic riding benefit the individual? What does he/she find most enjoyable about therapeutic riding?
3. Please list any unusual circumstances (debts, illness, etc.) that inhibit your finances.
4. Would you be willing to volunteer to help Ride for Joy in some way, such as helping with organization of fundraising events, etc.? If yes, please describe how you could help.
5. Additional comments:

### Part IV – Submission Check List and Signature

- All parts of this form must be completed in full
- Be sure to sign and date below

I certify that the information provided in this application is complete and correct to the best of my knowledge. I understand that all scholarships will be granted at the sole and absolute discretion of the Ride for Joy Therapeutic Riding Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

You may return applications in one of three ways:

**Scan and email to [nsheffer@rideforjoy.org](mailto:nsheffer@rideforjoy.org).**

**Fax to 1 208 550-3208.**

Mail to Ride for Joy 28379 El Paso Rd, Caldwell ID 83607.

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Ride for Joy Therapeutic Riding Program  
Application for Scholarship

Created: 1/11/10

Revised: 1/30/18