

HORSEPLAY THERAPEUTIC RIDING CENTER

TUITION SCHOLARSHIP APPLICATION

Mail the complete application to: Horseplay Therapeutic Riding Center Po Box 506 Vacaville, Ca. 95696

	Date Received		play Board of Direct Date:	
	Please print	clearly and use	pen to fill out the a	pplication.
Rider's Name:				_
Please fill out the approp	riate sections (s	s):		
Rider's Legal Guardian: Name:				_
Address:				_
street	city	state	zip	
Occupation				-
Employed by				_
Number of years employ	ed by current e	mployer		
Rider's Father, Stepfathe Name:				_
Address:				
street		state	zip	
Occupation				_
Employed by				_
Number of years employe	ed by current e	mployer		

Please do not leave a completed application at the barn. Please Mail it.

Rider's Mother, Stepmother:		
Name		_
Address		_
Occupation		-
Employed by		
Number of years employed by current employ	/er	
With whom does the rider reside		
Total annual household income (including fat	her, mother, stepmother, gu	ardian or other)
\$0-\$20,000\$21,000-\$40,000	\$41,000-\$60,000	_\$60,000 plus
Number of dependents in family		
Please circle the answer:		
Rider's father is deceased Rider's mother is deceased Rider's father or mother is unable to work Please provide any additional information the		
Trease provide any additional morniagion and	at nound se neiprai in consia	g your apprecation.

I understand that submitting this application means I will be considered for a Horseplay Therapeutic Riding Center tuition scholarship. If I receive a scholarship, Horseplay will provide 50% of my current Horseplay tuition for a six month scholarship period.			
(name of rider) cannot attend their gular scheduled riding session, I am required to notify Horseplay as soon as possible. I also			
understand that two missed sessions with termination of my rider's scholarship.	nout notification or late attendance, may result in		
Signature	 Date		
Relationship to rider			