



Freedom Ride Scholarship Request Form

Participant Name: _____ Date: _____

Participant resides with: Mother Father Both parents Guardian Self

Parent(s) or Guardian Name: _____

Parent/Guardian Marital Status: Single Married Divorced

Does the participant currently ride anywhere else? **Y** **N** If yes, please specify _____

Family size: _____ Number of Children: _____ Number of children with Special Needs: _____

Ages of all Children: _____

Financial Information

Total Gross Monthly Wages:

Father \$: _____ Employer: _____

Mother \$: _____ Employer: _____

Applicant (if applicable) \$: _____ Employer: _____

Please indicate amount of assistance for the participant from any of the following sources:

SSI \$: _____ SSDI \$: _____ Child Support \$: _____ VA benefits \$: _____ Other : \$ _____

Are you eligible to receive any local, state, or federal funds to assist with therapy or rehabilitation? **Y** **N**

If yes, what agency or program? _____ Amount \$: _____

The lesson fee at Freedom Ride is \$45 per class for a group lesson and \$60 per class for a private lesson.

However, this covers only a portion of the estimated operating cost for each rider.

The remainder of the cost is covered by donations and fundraising.

A sliding scale based on the Federal Poverty Guidelines will be used to help determine the amount awarded for a lesson scholarship.

By submitting this information and signing below I agree to the guidelines outlined in this application. I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that I must notify Freedom Ride if there are any changes in these circumstances during the current year.

Signed: _____ Date: _____
(Rider, Parent or Guardian)

First page of the most recent IRS income tax return is attached .
(Financial documents **MUST** be submitted in order to be considered for financial assistance)

Please complete all questions as they apply to your situation:

How does therapeutic riding benefit you (if an independent participant) or your child? **required*

In what other types of activities and therapy do you (if independent participant) or your child participate and how often?
**required*

Are there any unusual circumstances (debt, illness, etc.) you feel would be important in evaluating your request for consideration.

How will you contribute in support of Freedom Ride (i.e. fundraisers, events, classes, etc.)

Additional comments:

For Office Use Only

Date received: _____ Rider approved: Y N Amount awarded: \$ _____