

Shadow Hills Riding Club Equestrian Program Rider Scholarship Guidelines

We're delighted that you have chosen the Shadow Hills Riding Club for your therapeutic riding needs. Please read the following guidelines, complete the attached Rider Scholarship application and return it to the address below or by email to info@shadowhillsridingclub.org

- Shadow Hills Riding Club offers financial assistance in the form of "Rider Scholarships". Our hope is to make therapeutic riding affordable for individuals who would benefit from the program, but cannot afford to pay full tuition. Scholarships are based on financial need and are reviewed as they are received.
- Shadow Hills Riding Club relies on fundraising events and the generous contributions from donors for scholarship funding; therefore available scholarship funds will vary from session to session. A rider may only be granted one scholarship per year so that others may have the opportunity.
- Please indicate on the application how much financial assistance you are requesting by writing the amount in the space provided. Please keep in mind that, regardless of the applicant's financial situation, we may not be able to grant all scholarship requests due to the status of our scholarship funds at the time of application.
- A Shadow Hills Riding Club Scholarship Application form must be completed at least two weeks prior to the beginning of the session for which scholarship funds will be used. All information will be kept confidential.
- You must reapply for a rider scholarship annually or if financial circumstances change.
- Final determination of scholarship awards will be determined by the Shadow Hills Riding Club scholarship committee and then presented to the Board of Directors anonymously (applicant's name withheld)
- Notification of scholarship decisions will be made within one month of application submission in person or by mail or email.
- Because scholarship funds are limited, we ask that scholarship recipients are committed to attending lessons on a consistent basis. Funding may be discontinued if 2 or more lessons are missed during the funded riding session. Hospitalization terms or physician prescribed absences that result in 2 or more lessons missed will not be counted as reasons for discontinuing funding. Refunds and credits are not given for missed lessons.
- Acceptance of a Rider Scholarship is also agreement to the conditions stated above.
- All completed forms should be returned to:

*Shadow Hills Riding Club
Attn: Rider Scholarships
10263 La Canada Way
Shadow Hills, CA 91040*

*Phone: (818) 875-8322
Fax: (818) 352- 3569*

E-mail: info@shadowhillsridingclub.org

Thank you for your interest in SHRC's Equestrian Program!

Shadow Hills Riding Club Equestrian Program

Rider Scholarship Application

Shadow Hills Riding Club encourages anyone who wishes to participate in our programs but who cannot afford full tuition to apply for a scholarship. Please keep in mind that Shadow Hills Riding Club relies on fundraising events and generous contributions from donors for scholarship funding, therefore available funds will vary from session to session and may not be available.

*** Applications must be received at least two weeks prior to the start of the session for which they will be used.***

Participant's Name _____ E-mail Address _____

Street _____ City _____ State _____ Zip _____

Home (____) _____ Cell (____) _____ Date of birth _____

Disability _____

Scholarship amount requested: _____

****Winter/Spring/Summer/Fall Sessions are 10 weeks; \$600/session, Private lessons are \$75 per lesson****

Session scholarship is being requested for (circle one): Winter Spring Summer Fall Private _____

Has participant previously engaged in Therapeutic Riding at SHRC? No ___ Yes ___ When? _____

Has participant previously received a SHRC Scholarship? No ___ Yes ___ When? _____

Are any other family members applying for or have previously received a Rider Scholarship?

___ No ___ Yes ___ Who? _____ When? _____

Parent/Guardian Information:

Participant resides with Name(s) _____

E-mail Address _____

Street _____ City _____ State _____ Zip _____

Home phone (____) _____ Work (____) _____ Cell (____) _____

Married _____ Single _____ Divorced/Separated _____ Widowed _____

FINANCIAL INFORMATION— The following information is required for financial aid.

Please list all forms of income received on a monthly basis. Mark N/A for any that do not apply to you.

Number of individuals in the household, including adults and all dependents? _____

| | |
|---------------------------|------------------------------------|
| Wages: | Alimony/Spousal Support (income): |
| Interest from Savings: | Welfare/General Assistance: |
| Social Security Benefits: | Pension/Retirement: |
| VA Benefits: | Insurance Benefits: |
| Medicaid: | Respite Care: |
| Unemployment Benefits: | Disability Payments/Workers' Comp: |
| Child Support (Income): | Other: |
| Spousal Support: | TOTAL MONTHLY INCOME: |

*Please provide 2 months current documentation of the above claimed income/benefits

ADDITIONAL INFORMATION

1. In what other types of activities and therapy does this rider participate and how often?

2. Please list any unusual circumstances (debts, illness, etc.) that contribute to your need for assistance.

I certify that the information provided on this form is true and correct to the best of my knowledge. I also acknowledge that by accepting a Rider Scholarship I agree to the terms set forth in the Rider Scholarship Guidelines.

Signature

Date

| | | |
|---------------------------------|-------------------|----------------------|
| For SHRC Office Use Only | | |
| Date Received: _____ | | Date Reviewed: _____ |
| Amount granted: _____ | Why denied: _____ | Date: _____ |