

## Therapeutic Riding of Tucson - Scholarship Application

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Phone(h) \_\_\_\_\_ (w) \_\_\_\_\_ E-mail \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Phone(h) \_\_\_\_\_ (w) \_\_\_\_\_ E-mail \_\_\_\_\_ Father's Employer \_\_\_\_\_

Status (check one)      Single                      Married                      Divorced                      Other

Does your employer match donations?      Mother    yes    no      Father    yes    no

Financial assistance is granted based on documented financial need and to the extent funds are available. Assistance will be awarded without regard to ethnicity, creed, religion, disability or national origin. All information will be kept confidential. In the chart below please circle the number of persons in your household; circle the applicable income limit listed under that household size. Total yearly income includes all sources of income for all members residing in the home.

**EXAMPLE: If your household consists of 2 people and your total yearly income is \$35,000, you would circle 2 PERSONS and Row (3) Equal or less than \$37,500.**

Number in Household	1	2	3	4	5	6	Riding Program			Summer Sem.			EFP & TROT TOTS per session
	persons	persons	persons	persons	persons	persons	YOU PAY PER TERM			YOU PAY			
Less than							Group	Semi	Priv	Group	Semi	Priv	
Equal to or Less than	\$21,600	\$27,400	\$33,200	\$39,000	\$44,800	\$50,600	\$75	\$90	\$105	\$38	\$45	\$53	\$20
Equal to or Less than	\$28,250	\$35,025	\$41,950	\$47,400	\$52,325	\$57,275	\$190	\$220	\$255	\$95	\$110	\$128	\$50
Equal to or Less than	\$34,900	\$42,500	\$47,850	\$55,800	\$61,800	\$64,075	\$300	\$355	\$405	\$150	\$178	\$203	\$80

*Participants who are awarded a scholarship are eligible to receive a scholarship for a maximum of four (4) semesters, if they continue to meet the scholarship criteria.*

ALL INFORMATION FURNISHED HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Attach copies of your most current Federal Tax Return showing Adjusted Gross Income to this application in order to qualify.**

**If there is information you wish to make known to the Scholarship Committee, please use the reverse of this application.**