



GAIT THERAPEUTIC RIDING CENTER

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Jean Work Scholarship Application Form

SCHOLARSHIP REQUEST:

Date: _____ Requested Program: _____
Request for Session (*Therapeutic Riding*): **S-1** **S-2** **S-3** **S-4** **S-5** **S-6**
Participant's Name: _____ Parent/ Guardian Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone#: _____ E-Mail: _____

SCHOLARSHIP CRITERIA:

- Applications must be completed and sent to GAIT TRC's Board of Directors four (4) weeks prior to the start of the session selected above
- Upon completion of the session, GAIT's Board of Directors requests a personal testimonial of success, to be used for fundraising purposes
- The participant needs to re-apply for each session separately
- All requests are reviewed by GAIT's Board of Directors and scholarships are awarded based on availability of funds, participant's need, commitment, and previous awards.

Scholarship Amount Requested: **25%** **50%** **75%** **100%**
Have you received any scholarships funds from GAIT TRC in the past? **Yes** **No**

Please explain financial need (*single parent, medical costs, fixed income, additional family members with special needs, etc.*): _____

Please tell us why you would like to participate in one of GAIT's programs: _____

Signature: _____

Date: _____