



GAIT THERAPEUTIC RIDING CENTER

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Jean Work Scholarship Application Form

SCHOLARSHIP REQUEST:

Date: _____ Requested Program: _____

Choose a Session (for Therapeutic Riding only): 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:

- Upon completion of the session, GAIT's Board of Directors requests a personal testimonial of success, to be used for fundraising purposes
- Applications must be completed and sent to GAIT TRC's Board of Directors 2 weeks prior to the start of the session selected above
- 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: _____