



**GAIT THERAPEUTIC RIDING CENTER**

PO Box 69 Milford, PA 18337  
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**Jean Work Scholarship Application Form**

**SCHOLARSHIP REQUEST:**

Date: \_\_\_\_\_ Requested Program: \_\_\_\_\_  
Choose a Session (see website for dates):  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
- Scholarships will be awarded once per year; applicants can resubmit request each year
- 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:** \_\_\_\_\_