



**GAIT THERAPEUTIC RIDING CENTER**  
 PO Box 69 Milford, PA 18337  
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 (Web) [www.gaittrc.org](http://www.gaittrc.org)



## Jean Work Scholarship Application Form

### SCHOLARSHIP CRITERIA:

Applications must be completed and sent to GAIT TRC’s Executive Director 2 weeks prior to the start of the session.

An application fee of \$25 is required. Please include with your submission

Upon completion of the session, GAIT requests a personal testimonial of success, to be used for fundraising purposes

Scholarships may be awarded up to the amount of \$500 per current year only

Financial information may be requested for review

All requests are reviewed by GAIT TRC’s Executive Director and scholarships are awarded based on availability of funds, participant’s need, commitment, and previous awards

### SCHOLARSHIP REQUEST:

Requested Program: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Participant’s Name: \_\_\_\_\_ Parent/ Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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: \_\_\_\_\_