



GAIT THERAPEUTIC RIDING CENTER
 PO Box 69 Milford, PA 18337
 (Phone) 570-409-1140 (Email) info@gaittrc.org
 (Web) 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 \$30 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: _____