



**GAIT EQUINE ASSISTED SERVICES**  
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## **GAIT EAS’s Advisory Council Endowment (“ACE”) Fund Scholarship Application Form**

**SCHOLARSHIP CRITERIA:**

Applications must be completed and either emailed to [advisorycouncil@gaittrc.org](mailto:advisorycouncil@gaittrc.org), or mailed to GAIT-ACE, PO Box 69, Milford, PA 18337 at least two (2) weeks prior to the start of the session.

**A non-refundable application fee of \$25 is required, made payable to GPCF. Please include with your submission.**

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

Proof of household income will be requested for confidential review by the Advisory Council.

All requests will be evaluated by GAIT EAS’s Executive Director, the GAIT Board of Directors, and the GAIT Advisory Council on behalf of the GAIT-ACE Fund. Scholarships are awarded based on availability of funds, participant’s need (including proof of income), 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 from GAIT EAS 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:** \_\_\_\_\_

*The GAIT-ACE Fund is managed by the Greater Pike Community Foundation*