



Colorado Therapeutic Riding Center, Inc.

11968 Mineral Road, Longmont, CO 80504 (303) 652-9131

Fax (303) 652-2072 www.ctrinc.org

PARTICIPANT SCHOLARSHIP APPLICATION

Date: _____ Request for: Winter Spring Summer Fall Camp

Participant Name: _____ Phone: _____

List past sessions you have received scholarship funds: None

1. _____ 2. _____ 3. _____

Please check the category of your annual income from all sources (work, government/family support, trust, dividends, etc.):

Up to \$15,000 \$15,000 to \$24,999 \$25,000 to \$40,000

Exceed income and/or applying as "special circumstance." Please describe:

Number of dependents in household: _____

Please discuss factors contributing to financial hardship (single parent, large household, medical costs, fixed income, etc.):

Please discuss your transportation to CTRC and any reasons regular attendance may be a problem:

Please tell us any other reasons you are applying for a CTRC scholarship:
