



# Colorado Therapeutic Riding Center, Inc.

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## PARTICIPANT SCHOLARSHIP APPLICATION

Date: \_\_\_\_\_ Request for:  Spring Semester  Summer  Fall Semester

Participant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*PLEASE NOTE THAT THERE IS A REQUIRED PAYMENT OF \$50 PER PARTICIPANT DUE UPON REGISTRATION.**

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_