



**Dream Catchers  
at the Cori Sikich Therapeutic Riding Center**

**Scholarship Application**

Please note that the information you provide on this application will be kept confidential. If a scholarship is awarded, it will continue for six months at which time we will request another application. Meanwhile, if your financial situation should change before the next application deadline, we respectfully request that you notify us of the changes.

Student's Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Diagnosis \_\_\_\_\_  
Name of Parent(s)/Guardian(s) \_\_\_\_\_  
Primary Address \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
Date of Application \_\_\_\_\_  
Is this the first time you have applied for scholarship for therapeutic riding? \_\_\_\_\_

Are you currently receiving benefits from the state such as TANF, food stamps, Medicaid, or have you been approved for a reduced or free lunch through a public school system? (Circle one) YES NO

If yes, please attach a copy of your letter of approval (must be dated within the past 12 months). Please go to page 2 of this form to sign and date prior to submission. *You do not need to provide any additional information at this time.*  
If no, please complete the remainder of the application.

Name of Father/Guardian \_\_\_\_\_  
Employer \_\_\_\_\_  
Employer's Address and Phone \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_  
Employer \_\_\_\_\_  
Employer's Address and Phone \_\_\_\_\_

No. of Adults in household: \_\_\_\_\_ No. of Dependent Children in Household: \_\_\_\_\_

Combined Household Annual Income category: (please check one)

- Under \$30,000 per year
- Between \$30,000 and \$45,000 per year
- Between \$45,000 and \$60,000 per year
- Between \$60,000 and \$75,000
- Over \$75,000 per year

Please attach a copy of your most recent federal tax return and a copy of all pay stub(s) from the past 30 days.

Do you have any additional sources of income (real estate, child support, social security, disability, alimony, pensions, retirement, etc.)? Please circle. YES NO

If yes, please explain amounts, frequency of income and source.

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Are there any extenuating circumstances that you could share with us to aid in this decision? Please feel free to attach additional sheet if necessary.

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Please briefly describe why you believe therapeutic riding will benefit your student.

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THANK YOU FOR YOUR APPLICATION. PLEASE SIGN, DATE, AND RETURN TO THE PROGRAM COORDINATOR AT DREAM CATCHERS BY MAILING THIS COMPLETED APPLICATION TO DREAM CATCHERS, 10120 FIRE TOWER ROAD, TOANO, VA 23168. WE WILL BE IN TOUCH WITH YOU SOON.

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Signature of Applicant

Date: \_\_\_\_\_