

Methow Valley Riding Unlimited

Scholarship Application

Participant Name(s): _____ Birthdate(s): _____

Parent(s)/Guardian(s): _____

Address: _____

List all other dependent family members living at this address:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

List income sources:

Name: _____ Employer: _____ Wage: _____

Name: _____ Employer: _____ Wage: _____

Other sources of income: _____

Gross monthly total income: _____

How much of the \$30.00 per lesson fee do you feel you are able to pay?

Which weekly sessions do you intend to register for? ____ spring ____ summer ____ fall

How many times a week do you intend to ride?

Do you intend to participate in summer camps?

What other activities, camps, sports or arts programs does your child participate in during the year?

What do you especially value about the MVRU horsemanship programs?

Scholarship Application (cont)

Do you have any particular goals for your child this year?
Please explain.

What types of services or contributions would you be willing to offer in support of the program?

Are you connected with any individuals or organizations that may be interested in contributing to our Scholarship Fund? If so, could you assist us in approaching them?

Please explain any other special circumstances that contribute to your need for financial assistance:

_____ I have read and understand the Scholarship Program Description

_____ I have enclosed the \$50.00 Scholarship Application Fee

_____ I understand that it is **my responsibility** to notify the Program Director if there are any changes in employment, dependents, or benefits, as stated on this application.

Signature of Applicant: _____ Date: _____