Methow Valley Riding Unlimited <u>Scholarship Application</u>

Participant Name(s):		Birthdate(s):	
Parent(s)/Guardian(s):			
Address:			
List all other dependent family mem			
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 \$260 Session Less	son fee (5 lessons) are you able to	o pay?	
Which weekly sessions do you inter	nd to register for?Sprir	ng Summer	Fall
How many times a week do you into	end to ride?		
Do you intend to participate in sumi	mer camps?		
What other activities, camps, sports do you especially value about the M		I participate in during the ye	ear? What

Scholarship Application (cont)

I have enclosed the \$50.00 Scholarship Applicat I understand that it is my responsibility to notify	
I have read and understand the Scholarship Prog	ram Description
Please explain any other special circumstances that contri	bute to your need for financial assistance:
Are you connected with any individuals or organization Scholarship Fund? If so, would you be open to assisting u	•
Do you have any particular goals for your child this year?	Please explain.