

Appalachian Therapeutic Riding Center

Application for Scholarship

Student Name: _____ Date: _____

Parents/Guardians: _____

Address: _____

Phone(s): _____

Email: _____

1. Please tell briefly why you would like a scholarship for your child.

2. Please list any extenuating circumstances that the scholarship committee should consider when reviewing this application.

3. Please list all household members and monthly income.

Names of household members	Gross monthly earnings before deductions	Monthly welfare payments, child support, alimony	Monthly pensions, retirement, or social security payments	Any other monthly income

I certify that all of the above information is true and all income is reported.

Signature _____ Date _____

Please mail or email to: ATRC, 176 Chimney Ridge, Burnsville, NC 28714
or
atrcriding@gmail.com