



Maryland Therapeutic Riding, Inc.

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Participant Scholarship Application

Date: Request for Session: Winter Spring Summer Late Summer Fall Holiday

Participant Name: Parent/Guardian Name:

Email : Phone Number:

Below, please list any past sessions you have received scholarship funds from MTR: None

- 1. 2. 3.

Is rider eligible to receive any local, state, or federal funds to assist with therapy? If yes, please name organization and contact information:

Scholarship Criteria

All applications for scholarships must include the first page of the most recent IRS income tax return. Mitigating factors which could also impact eligibility are: more than 4 members in a family, more than one family member with special needs, single parent household or unusual medical needs. We recommend you submit a letter of explanation which the committee will take into consideration.

Scholarship Funds are provided for therapeutic riders only. Riders must have a diagnosis and a physician's referral to be eligible.

Please check the category of your annual income from all sources (work, government, family support, trust, dividends, etc.):

Table with 2 columns: Adjusted Gross Income (\$0-29,999, \$30,000-39,000, \$40,000-50,000) and Scholarship Available (select amount applying for) (Up to 75%, Up to 50%, Up to 25%)

Number of dependents in household: Are there any additional family members with special needs? Y N

If yes, please explain briefly:

Please discuss factors contributing to financial hardship (single parent, large household, medical costs, fixed income, etc.)

Please tell us any other additional reasons you are applying for an MTR scholarship: