SHADY HOLLOW ASSISTED RIDING

2016 SCHOLARSHIP APPLICATION

Name of Rider: _____

Name of Parent/Guardian if Rider is under 18: _____

Phone Number: _____

E-mail Address: _____

Have you received scholarship previously at SHAR? (if so, please list years): _____

Scholarship funding is available for up to 10 lessons in the 2016 Assisted Riding Season.

The following financial aid agreements are available. Please choose an option:

Check Box	% of Scholarship	Agreement
	15%	I will pay $34.00 per lesson.
	20%	I will pay $32.00 per lesson.
	25%	I will pay $30.00 per lesson.
	50%	I will pay $20 per lesson and donate (3) volunteer hours to SHAR each month that I ride.
	75%	I will pay $10 per lesson and donate (5) volunteer hours to SHAR each month that I ride.
	85%	I will pay $6 per lesson (7) volunteer hours to SHAR each month that I ride.
	100%	I am unable to contribute financially to lessons but will donate (10) volunteer hours per month that I ride.

Reason for request of scholarship assistance:

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