

SHADY HOLLOW ASSISTED RIDING

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): _____

Have you attempted to seek funding elsewhere? Yes or No If yes, please list agencies: _____

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

Check Box	% of Scholarship	Agreement
<input type="checkbox"/>	15%	I will pay \$34.00 per lesson.
<input type="checkbox"/>	20%	I will pay \$32.00 per lesson.
<input type="checkbox"/>	25%	I will pay \$30.00 per lesson.
<input type="checkbox"/>	50%	I will pay \$20 per lesson and donate (3) volunteer hours to SHAR each Session that I ride.
<input type="checkbox"/>	75%	I will pay \$10 per lesson and donate (5) volunteer hours to SHAR each Session that I ride.
<input type="checkbox"/>	85%	I will pay \$6 per lesson (7) volunteer hours to SHAR each Session that I ride.

Volunteer hours can consist of helping with a fundraising event, camps or other activities at Shady Hollow; as well as handing out flyers, hanging posters, baking sweets for fundraisers. You can also help out in the barn with cleaning stalls, paddocks, riding equipment or other barn maintenance projects. Volunteer hours can be discussed with the Program Director.

Reason for request of scholarship assistance:

Office Use Only:

Scholarship Application Approved: Yes No

Amount of lessons: _____

Total Scholarship Granted: _____