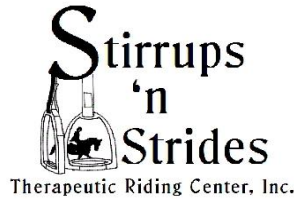


4246 W. Hwy 318,  
Citra, FL 32113



(352) 427-3569  
Betty Gray, Director

## SCHOLARSHIP APPLICATION

### SECTION I-INSTRUCTIONS:

Date: \_\_\_\_\_

It is the goal of Stirrups 'n Strides that no rider should be turned away because of inability to pay for riding time. Annual scholarships are available on a limited basis based on financial need. Scholarships are for a term of one year (October through September). They must be refiled annually.

**PROOF OF INCOME IN THE FORM OF A CURRENT TAX RETURN MUST ACCOMPANY THIS APPLICATION IN ORDER TO BE CONSIDERED. ALL FINANCIAL INCOME WILL BE KEPT CONFIDENTIAL & DISCLOSED ONLY TO THE BOARD OF DIRECTORS.**

Scholarship eligibility will be reviewed by the Board's Scholarship Committee, and a recommendation made by the committee for Board's approval. Full and one-half scholarships are available.

### SECTION II- STATEMENT OF NEED:

Annual gross income for household: \_\_\_\_\_ < \$20,000 \_\_\_\_\_ < \$25,000 \_\_\_\_\_ < \$30,000 & up

Total # of people employed within household: \_\_\_\_\_

Number of children in household: \_\_\_\_\_

Number of household members with special needs: \_\_\_\_\_

Please note any additional hardships that may be considered, please specify: You may attach additional information.

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Type of scholarships applied for: \_\_\_\_\_ 1/2 \_\_\_\_\_ Full

### SECTION III-CONTACT/RIDER INFORMATION

Rider's Name: \_\_\_\_\_

Parent or Guardian or self: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand by the above signature that all statements & documents are true & accurate to the best of my knowledge.

**ALL SCHOLARSHIP PARTICIPANTS ARE ASKED TO BRING EITHER TOILET PAPER, PAPER TOWELS OR CLEANING SUPPLIES ONCE A MONTH. IT WOULD BE VERY MUCH APPRECIATED.**