

Methow Valley Riding Unlimited

Scholarship Application

Participant Name(s): _____ Birthdate(s): _____

Parent(s)/Guardian(s): _____

Address: _____

List all other dependent family members living at this address:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

List income sources:

Name: _____ Employer: _____ Wage: _____

Name: _____ Employer: _____ Wage: _____

Other sources of income: _____

Gross monthly total income: _____

How much of the camp registration fee do you feel you are able to pay?

Which camp sessions do you intend to register for? ____ Camp I ____ Camp II

What other activities, camps, sports or arts programs does your child participate in during the year?

What do you especially value about the MVRU horsemanship programs?

Please explain any other special circumstances that contribute to your need for financial assistance:

_____ I have read and understand the Scholarship Program Description

_____ I have enclosed the \$20.00 Scholarship Application Fee

_____ I understand that it is **my responsibility** to notify the Program Director if there are any changes in employment, dependents, or benefits, as stated on this application.

Signature of Applicant: _____ Date: _____