

# *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: \_\_\_\_\_

List income sources:

Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Wage: \_\_\_\_\_

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Other sources of income: \_\_\_\_\_

Gross monthly total income: \_\_\_\_\_

How much of the \$260 Session Lesson fee (5 lessons) are you able to pay? \_\_\_\_\_

Which weekly sessions do you intend to register for? \_\_\_\_ spring \_\_\_\_ summer \_\_\_\_ fall

How many times a week do you intend to ride?

Do you intend to participate in summer camps?

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?

**Scholarship Application (cont)**

Do you have any particular goals for your child this year?  
Please explain.

Are you connected with any individuals or organizations that may be interested in contributing to our Scholarship Fund? If so, would you be open to assisting us in approaching them?

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 \$50.00 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: \_\_\_\_\_