

RHYTHM OF THE REIN SCHOLARSHIP APPLICATION FORM

ALL INFORMATION PROVIDED HELD IN STRICTEST CONFIDENCE

Name of Rider _____ DOB _____ Date of Request _____

Have you applied before? _____ If so, when? _____

Are other family members applying for this same aid? Yes ___ No ___

Information below applies to parent/guardian or adult rider

Applicant's Name _____ Relationship to Rider _____.

Address _____ City _____ State ___ Zip _____.

Phone- Home _____ Work _____

Occupation _____ Employer _____.

If Applicant is Parent of Rider:

Married _____ Single _____ Divorced/Separated _____ Widow _____

Second Parent _____ Phone-Home _____ Work _____

Address _____ City _____ State ___ Zip _____.

Occupation _____ Employer _____.

Rider resides with Both Parents ___ Mother ___ Father ___ Guardian ___ Self ___

Does either parent's health care plan cover services ___? If yes, at what percent _____.

Are you eligible for any state or federal funds to assist with services rendered _____.

If yes, what programs _____.

The following information is required for financial aid. Please list all forms of income received annually. Mark N/A for any that do not apply to you. Also attach **proof of income** including most recent federal tax return (if divorced and filing separately both individual's returns), W-2's, 1099's, including SSA-1099, current SSI or Disability Income check. You will be notified if your request has been approved within 30 days of receipt of completed application.

Wages	_____	Alimony/Spousal Support	_____.
Interest from savings	_____	Welfare/General Assistance	_____.
Social Security Benefits	_____	Pension/Retirement	_____.
VA Benefits	_____	Insurance Benefits	_____.
Medicaid	_____	Respite Care/Flexible Funds	_____.
Unemployment Benefits	_____	Disability/Workers Comp	_____.
Child Support Income	_____	Other	_____.

Please describe any unusual circumstances (debts, illness, unemployment, etc) that contribute to your need for assistance below _____.

_____.

_____.

_____.

_____.

_____	_____
Signature	Date
_____	_____
Signature	Date

OFFICE USE ONLY

Amount Granted _____ -Date _____