

Ride Rock Ranch Scholarship Application

Assistance may be available to people who would otherwise not be able to participate in riding lessons due to financial hardship. A parent/guardian must complete this entire form to request a scholarship. Scholarships are based on the following information provided and on the availability of funds. All information submitted will be kept confidential. Once a decision is made, you will be notified by Rock Ranch.

| Date: | |
|--|--|
| Personal Information: | |
| | Student's Date of Birth: |
| Parent/Guardian Name: | |
| Address: | |
| City/State/Zip: | |
| Phone (Home): | Phone (Cell): |
| Email: | |
| Session applying for: | |
| WinterSummer | Fall |
| Please indicate which scenario you are | requesting: |
| I am able to pay 70% of the coas | st and I am requesting scholarship funds to cover 30% of the cost. |
| I am able to pay 50% of the cost | and I am requesting scholarship funds to cover 50% of the cost. |
| Statement of Need/Description of Hard | dship: |
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| | |
| | |
| | |
| Signature: | |