



ROCK RANCH
Est. 2016

Ride Rock Ranch Scholarship Application

Assistance may be available to people who would otherwise not be able to participate in EAP sessions 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:

Client Name: _____ Client Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Phone (Home): _____ Phone (Cell): _____

Email: _____

Session applying for:

_____ Winter _____ Summer _____ Fall

Please indicate which scenario you are requesting:

_____ I am able to pay 70% of the cost 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 Hardship:

Signature: _____