



Equine Sharing Program, Inc. Scholarship Application Form

The following criteria must be met in order to be considered for a scholarship to be used for therapeutic riding sessions with a North American Riding for the Handicapped Association (NARHA) certified instructor and NARHA member center.

Applicant Name: _____ Address: _____

Applicant's Age: _____ Applicants Weight: _____

Responsible Party: _____ Contact Info: _____

Applicant's Condition/Diagnosis (Please provide all relevant information): _____

Amount Requested: \$ _____ (Cannot exceed \$432.00 for each six week session)

1. The applicant must be afflicted with a physical, mental, emotional, or learning disability including but not limited to the following. Please indicate above the conditions/diagnosis involved.

Spina Bifida	Prader Willie Syndrome	Cerebral Palsy	Aspergers Syndrome
Emotional Disorders	Spinal Cord Injuries	ADD	Dyslexia
Down Syndrome	ADHA	Closed Head Injuries	Autism
Arthrogyrosis	Vision Impairment	Amputation	Hearing Impairment
Mental Retardation	Fragile X Syndrome	Muscular Dystrophy	Multiple Sclerosis
Stroke			

2. Please attach a copy of a prescription prescribing horseback riding therapy for the applicant from a physician, physical therapist of occupational therapist.

3. Applicants must not be eligible for any other federal, state, or local government program that provide assistance for this type of activity and are not able to pay for the fees charged by a PATH member center from personal sources. By signing and submitting this form you are providing us your acclamation for financial assistance on which our selection committee can rely on in their determination of scholarship recipients based upon financial need. **Please attach a copy of your last year's tax return for income verification.**

4. Any portion of this scholarship not used for this specific purpose must be returned no later than the last day of the session to which this scholarship applies. You are also required to provide us a report showing the disbursements of the scholarship which is also due on the last day of the session.

Signature of Responsible Party: _____ Date: _____

Send Completed Form to **Equine Sharing Program, Inc.** P.O. Box 181311, Corpus Christi, Texas 78480
Questions call Elaine Harris 361-816-8604 or e-mail elaine.otto5411@gmail.com