



Northern Virginia Therapeutic Riding Program Rider Scholarship

Scholarship Opportunities

The mission of the Northern Virginia Therapeutic Riding Program is to provide equine-assisted activities to children and adults with disabilities, youth-at-risk, military service personnel, and their families in an inclusive, community setting. NVTRP aims to make its services available to all who wish to participate in our programs. Our scholarship program is made possible by generous donors to help current riders with financial assistance.

Awarding of Scholarships

All information provided on the Northern Virginia Therapeutic Riding Program Scholarship Application will be kept in strict confidence and will only be made available to the NVTRP scholarship committee. The NVTRP scholarship is awarded without regard to race, color, ethnicity, gender, disability or sexual orientation. The scholarship committee will meet to review the application and will send notice **via email** on acceptance or denial of the award. The award will be reflected on the awardees **invoices**. Scholarships are awarded based upon both the applicant's need and the amount of scholarship funds available. Scholarships are awarded in the form of **credit to the riders' total lesson cost per session**. The rider will receive this award for **one session** (Fall or Spring). Any remaining balance owed for the session is the responsibility of the rider or rider's family, and must be paid by the required due dates, unless other arrangements are agreed upon with the Office Manager.

CRITERIA:

- Applicants must be a **current** or **returning** rider at NVTRP
- Applicants must demonstrate a need for financial assistance. We do require income verification and proof of any other assistance you are receiving.
- All information requested must be provided. (Consideration will not be given to those with missing material.)
- Applications with all information filled out and attached must be submitted on or before the application due date. NOTE: Applications postmarked after the application due date will not be considered.

All completed forms should be returned to:

*Northern Virginia Therapeutic Riding Program
6429 Clifton Road, Clifton, VA 20124
Phone: 703-764-0269
Email: office@nvtrp.org*

NVTRP Scholarship Application

PLEASE FILL OUT ALL OF THE FOLLOWING INFORMATION

*INCOMPLETE FORMS WILL NOT BE PROCESSED

Participant Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home: _____ Cell: _____

Date of birth: ____ / ____ / ____

Session you are applying for: Spring ____ Fall ____

Participant resides with: Mom ____ Dad ____ Both parents ____ Guardian ____ Self ____

Other (please explain) _____

Father's Name: _____

Occupation: _____

Mother's Name: _____

Occupation: _____

Has participant previously received a scholarship from NVTRP? No ____ Yes ____

****Please indicate participant's ethnicity and disability. All information will be kept confidential. This is for informational purposes only. ****

Ethnicity: _____

Disability: _____

I certify that the information provided on this form is true and correct to the best of my knowledge. I give Northern Virginia Therapeutic Riding Program permission to verify all of the provided information. I understand that any incorrect information may result in withdrawal from the scholarship process.

Print Name

Signature

Date

Considerations:

List at least 3 reasons in detail why Therapeutic Riding or Hippotherapy would benefit this rider:

(continue on separate page as needed)

NVTRP works hard to provide scholarship to those who need it most. Please list specific examples in detail that place you/your rider in the category of highest need.

(continue on separate page as needed)

Service Information:

NOTE: Preference will not necessarily be given over the answers to these questions

1. Is the parent or participant a past/current volunteer in any NVTRP activities? Yes___ No___

If "yes" to above question, how long has parent/participant been a volunteer? _____

2. Years that applicant has been riding with NVTRP: _____

3. Additional comments:

Financial Status:

1. Please list your Earned Annual Income: _____
2. Please list income received on a **monthly** basis. _____
3. Please list expenses paid on a **monthly** basis. _____
4. Please list any outside financial assistance currently being received:

5. Number of Dependents in Household: Adults _____ Children _____
6. Are you a single parent? Yes _____ No _____

Additional Information

1. What other types of activities and therapy does this rider participate in and how often?
 (continue on separate page as needed)

2. Please list any unusual circumstances (debts, illness, etc.) that contribute to your need for assistance.
 (continue on separate page as needed)

FOR OFFICE USE ONLY	
Applicant Name	
Committee Review Date	
Amount Awarded	
Scholarship Funds Used	
Date Award Applied to Invoice	
Session	
Date Applicant was Informed	
Notes:	
Program Director Approval	
Board Approval	