



REINS. Inc. Therapeutic Riding Program - Scholarship Application — Page 1

This application is for a scholarship at REINS, Inc. Therapeutic Riding Program. The information will be kept confidential and will be made available only to the REINS Scholarship committee.

Scholarship awards are based solely upon need. Due to limited funds we sincerely hope that application for a scholarship will be made only after careful assessment of your needs.

It is important that an application be filed as early as possible prior to the start of the semester. NJ requested information must be provided. We cannot consider this application until all material has been submitted.

Final determination of scholarship awards will be based on the demonstrated financial needs of the applicant and the funds available for scholarship at REINS Therapeutic Riding Program. All applications must be received no later than May 15th of the current year. One scholarship per calendar year may be offered per individual.

Applicant's Name _____

Applicant's Age: _____ Phone: _____ Cell: _____ Date: _____

Applicant's Mailing Address: _____

Fathers Name: _____

Home Address: _____

Occupation: _____

Employer: _____

Business Address: _____

Mother's Name _____

Home Address: _____

Occupation: _____

Employer: _____

Business Address: _____

Are you a one or two family income household? _____

Please list amount per year of any aid or support you receive other than earned income:

Annual Earned Income Category (Check One):

1) \$15,000 _____ 2) \$15,000-25,000 _____ 3) \$25,000-50,000 _____ 4) >\$50,000 _____

Applicant's Name _____

Number of Dependents in Household: Adults _____ Children _____ (under 18)

List dependent children:

Name Age School % of tuition % of aid paid by parent received by parents

1. _____

2. _____

3. _____

4. _____

List other people dependent upon your income (e.g., parents):

Other Information:

	Date	Wholly		
	Purchased	Owned	Financed	Rented
Real Estate/Primary Residence	_____	_____	_____	_____
Vacation Property	_____	_____	_____	_____
Vehicle 1 — Year and Make	_____	_____	_____	_____
Vehicle 2 — Year and Make	_____	_____	_____	_____
Boat — Year and Make	_____	_____	_____	_____
RV — Year and Make	_____	_____	_____	_____

Other to be considered:

Description: _____

Description: _____

Please identify below other financial obligations you may have that should be considered with this Scholarship Application. In addition, if there are other factors you feel might affect consideration of this application, please explain them.

Level of Scholarship Aid requested: 1) 25% _____ 2) 50% _____ 3) 75% _____ 4) 100% _____

Signed: _____ Printed Name: _____ Date: _____