



Sunrise Inc. Therapeutic Riding Center
2670 Minneman Road
Richmond, IN 47374
765-962-4291
ExecutiveDirector@SunriseInc.org

Participant/Rider Scholarship Application

****This information will be kept confidential within the Sunrise administration****

Participant/Rider Name: _____ **Age:** _____

Parent/Gardian Name: _____

Address: _____

City, State, Zip: _____

Phone: Home: _____ **Work:** _____ **Cell:** _____

Does anyone living in your house receive free or reduced price school lunch?

Yes No Free

What is the combined gross income of all earning/benefits for all persons living in your household? (Please check one)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$0-\$14,937 | <input type="checkbox"/> \$14,938-20,163 | <input type="checkbox"/> \$20,164-35,389 | <input type="checkbox"/> \$25,390-30,615 |
| <input type="checkbox"/> \$30,616-35,841 | <input type="checkbox"/> \$35,842-41,067 | <input type="checkbox"/> \$41,068-46,293 | <input type="checkbox"/> \$46,294-51,519 |
| <input type="checkbox"/> \$51,520-73,316 | <input type="checkbox"/> \$73,317-109,974 | <input type="checkbox"/> \$109,975-146,632 | <input type="checkbox"/> over \$146,633 |

How many people are living in your household? _____

Please attach Proof of Income such as your most recent income tax return and W-2's.

If awarded a scholarship, I (parent or other) will assist by:

Fundraising Volunteering during class time Help maintain equipment or property

Other: _____

Please read and sign:

I understand that scholarship funding will be withdrawn if two "no call/no show" absences occur at scheduled lesson time. By signing below, I am also indicating that I have the ability to transport the above participant/rider to Sunrise for lessons each week if a scholarship is awarded. Further, I represent and warrant that the information provided herein is true and accurate. I acknowledge and agree that should I falsify any information on this application, Sunrise shall have the right to revoke any awarded scholarship.

Signature of rider/parent or guardian: _____ **Date:** _____

(For Office Use) Scholarship Granted: _____ Participant contribution per lesson: _____

Date: _____ participant notified: _____ staff initials: _____