



SunDance Riding Therapy, Inc. Scholarship Application

A limited number of scholarships are available and cover from 5-100% of session costs. The Scholarship Committee will determine scholarship winners based on intent of financial contribution of each session, history of promptness, number of hours volunteered for SunDance Riding Therapy, Inc. and attendance.

Terms of Scholarship

1. All information on the scholarship application must be completed
2. Scholarship applications must be received prior to the session start date. Upon reviewing your scholarship application, the Scholarship Committee will notify you by letter if your request has been approved or denied. If your application has been approved, the committee will notify you of the amount awarded, and balance due. All balances must be paid within 30 days of the session start date. If the balance is not received by the deadline, a \$25.00 per month late fee will be charged.
3. All scholarship recipients will be required to give back to SunDance Riding Therapy Inc. by volunteering for three hours per session. If the recipient is a minor or cannot volunteer, the parents/guardians will be required to volunteer for the three hours. The hours can be completed throughout the year and there are plenty of opportunities such as volunteering at classes and at fundraisers, distributing brochures, helping with parades, selling raffle tickets, etc. You will contact the Volunteer Coordinator to arrange times and activities for volunteering.

In order to allow every rider the opportunity to participate, we need your help. Each session costs \$160.00 per rider. Please indicate how much you are able to contribute towards the session: _____

Signature _____ Date _____

Applicant Name _____ Disability _____

Address, City, State & Zip Code _____

Telephone Number _____

Name of Parents/Guardians _____

Address, City, State & Zip Code _____

Telephone Number _____

Job Title, Employer Name and Location _____

Spouse's Job Title, Employer Name and Location _____

Annual Household Income _____ # of Occupants in the home _____

Please describe your circumstances that make you a good scholarship candidate: _____

Please return completed form to:
Scholarship Committee
SunDance Riding Therapy, Inc.
P.O. Box 505
Dilworth, MN 56529

If you have any questions about the scholarships, call (218) 233-4675.