

**Therapeutic Riding of Texas**  
**Rita Rutledge Scholarship Program**  
**APPLICATION**

(ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED)

Therapeutic Riding of Texas (TROT) is a non-profit organization. Rider fees are necessary to help defray the expense of horseback riding classes and cover only a small portion of the actual cost. A scholarship fund is available for riders who could not otherwise participate because of limited family income or because of temporary circumstances which result in hardship conditions for the family.

RIDER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT'S NAME (IF MINOR) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_ MAY WE CONTACT YOU BY EMAIL Y N

PARENT'S OCCUPATIONS: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

SESSION FOR WHICH SCHOLARSHIP FUNDING IS BEING REQUESTED: PLEASE CHECK

SESSION I \_\_\_\_\_ SESSION II \_\_\_\_\_ SESSION III \_\_\_\_\_ SESSION IV \_\_\_\_\_

RETURNING RIDER \_\_\_\_\_ NEW RIDER \_\_\_\_\_

**FINANCIAL INFORMATION**

Scholarship applications **MUST** be completed in full and include the applicant's first page of their most recent IRS FORM 1040 or equivalent. INCOMPLETE APPLICATIONS WILL **NOT** BE CONSIDERED. If the rider is a minor, the IRS return for the responsible party is required. ALL INFORMATION PROVIDED TO TROT WILL BE HELD IN STRICT CONFIDENCE AND WILL ONLY BE USED TO DETERMINE ELIGIBILITY FOR SCHOLARSHIP FUNDS BY TROT.

COMBINED HOUSEHOLD GROSS INCOME \_\_\_\_\_ NUMBER IN FAMILY \_\_\_\_\_

TYPE OF SCHOLARSHIP REQUESTED (PLEASE CHECK) FULL (100%) \_\_\_\_\_ PARTIAL (\_\_\_\_%) \_\_\_\_\_

INDICATE THE AMOUNT OF FEES YOU FEEL YOU CAN PAY FOR EACH CLASS \_\_\_\_\_

ARE ANY OTHER FAMILY MEMEBERS DISABLED? Y N IF SO PLEASE DISCRIBE:

ARE YOU ELIGIBLE FOR ANY LOCAL, STATE OR FEDERAL FUNDS TO ASSIST YOU WITH RIDING CLASS FEES? Y N

IF YES PLEASE LIST: AGENCY/PROGRAM \_\_\_\_\_ AMOUNT OF BENEFITS \_\_\_\_\_

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**APPLICATION CONT...**

Applications based on family hardships should include a brief description of the situation or circumstances that may hinder your ability to pay for the needed services yourself. Mitigating factors which could impact the scholarship award include number of people in a family, number of disabled family members, single parent family or unusual medical needs. Please comment on any other financial obligations or any other outstanding debts which may hinder your ability to pay for or contribute for the needed services yourself.

THE MAXIMUM AMOUNT OF SCHOLARSHIP THAT WILL BE AWARDED IS BASED ON THE FOLLOWING INCOME LEVELS WITH ADDITIONAL CONSIDERATION FOR MITIGATING FACTORS:

ADJUSTED GROSS INCOME	SCHOLARSHIP AMOUNT	RIDER RESPONSIBILITY
0-39,000	100%	0%
40,000-49,000	50%	50%
50,000+	0%	100%

Please describe briefly the situation or circumstances that may hinder your ability to pay for the needed services yourself at this time:

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You will be notified by phone as to the scholarship you have been awarded. All scholarships expire at the end of each calendar year. Scholarship applications must be renewed each January or by the beginning of the session in which the rider will participate.

**CERTIFICATION**

I ACKNOWLEDGE THAT THERAPEUTIC RIDING OF TEXAS (TROT) WILL BASE ITS DECISION ON THE INFORMATION PROVIDED IN THIS APPLICATION. I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF RESPONSIBLE PARTY \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE APP RECEIVED \_\_\_\_\_ BOARD REVIEW DATE \_\_\_\_\_ APPROVED \_\_\_\_ DISAPPROVED \_\_\_\_

AMOUNT AWARDED \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_ DATE NOTIFIED \_\_\_\_\_

PRESIDENT'S SIGNATURE \_\_\_\_\_