



**CENTRAL ILLINOIS RIDING THERAPY**  
**A VOLUNTARY, NON-PROFIT ORGANIZATION PROVIDING RIDING THERAPY FOR PEOPLE WITH DISABILITIES.**  
 305 Neumann Drive, East Peoria, IL 61611 309-699-3710 fax 309-699-4696 www.cirt.info



## **SCHOLARSHIP APPLICATION**

***This form must be filed with the Program Director PRIOR TO the riding session to which you would like scholarship funds applied. Scholarships are for riders with disabilities only.***

\_\_\_\_\_ I agree to volunteer at CIRT activities, office work, concessions, fundraising activities, bingo, etc either at the CIRT facility, CIRT functions or at home (baking, phone, etc) when asked.

Circle the session for which funds would apply. If needed for more than one session, **YOU MUST REAPPLY.**

- |                                    |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Session 1 | <input type="checkbox"/> Session 2 | <input type="checkbox"/> Session 3 | <input type="checkbox"/> Session 4 |
| <input type="checkbox"/> Session 5 | <input type="checkbox"/> Session 6 | <input type="checkbox"/> Session 7 | <input type="checkbox"/> Session 8 |

What dollar amount PER CLASS will be needed? \$ \_\_\_\_\_

Rider's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Does the rider qualify for School Lunch Program Assistance?  Yes  No

Please state reason for which scholarship should be considered:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Rider, Parent or Legal Guardian)*

### **FOR OFFICE USE ONLY**

Sessions Approved For:    1   2   3   4   5   6   7   8                      Date Approved: \_\_\_\_\_

Must Reapply for Sessions:   1   2   3   4   5   6   7   8

Comments: \_\_\_\_\_

\_\_\_\_\_