



CENTRAL ILLINOIS RIDING THERAPY

A VOLUNTARY, NON-PROFIT ORGANIZATION PROVIDING RIDING THERAPY FOR PEOPLE WITH DISABILITIES.

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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.**

☐ Session 1

☐ Session 2

☐ Session 3

☐ Session 4

☐ Session 5

☐ Session 6

☐ Session 7

☐ 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: _____
