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Dear Scholarship Applicant,

The SPUR Scholarship fund is intended to provide financial assistance to students who wish to achieve personal goals through the benefits of therapeutic horseback riding, but may be unable to do so because of financial hardship. To fulfill this mission, SPUR creates an annual budget to award scholarships to as many students as possible.

Many variables are involved in determining the amount of aid awarded to any student. Since our funding is derived from donations from the community and SPUR board fundraising efforts, available resources vary from session to session. The number of scholarship applications also changes from one session to the next. While we cannot grant every request for aid, we can assure you that we will do our best to provide financial support to as many students as possible.

The following criteria are taken into account by the Scholarship Committee in its review of scholarship applications for a given session:

- Available funds
- Demonstrated financial need
- Proper documentation of sources of income as requested on the application
- Additional information provided by the applicant

Please be assured that the information provided will be kept in strictest confidence and that the Scholarship Committee will make every effort to allocate available scholarship funds appropriately.

Sincerely,

Special People United to Ride  
Scholarship Committee





Received \_\_\_\_\_

*For Scholarship Committee use only*

Winter	_____	Full	_____	Partial	_____	Amount \$	_____	Denied	_____
Spring	_____	Full	_____	Partial	_____	Amount \$	_____	Denied	_____
Summer	_____	Full	_____	Partial	_____	Amount \$	_____	Denied	_____
Fall	_____	Full	_____	Partial	_____	Amount \$	_____	Denied	_____
Winterim	_____	Full	_____	Partial	_____	Amount \$	_____	Denied	_____

**SPECIAL PEOPLE  
UNITED TO RIDE**

**SCHOLARSHIP APPLICATION**

To be considered for a scholarship, all information on this form must be completed. Information will be held in the strictest confidence and will not be used for any other purpose. Income verification must be attached. Applicants are encouraged to attach a written explanation of their need for financial assistance. Additional documentation may be requested at a later date. Application for financial assistance guarantees neither award nor amount of scholarship.

APPLICANT: Name: \_\_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_

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

Parent/Guardian (P/G) or Primary Caregiver (PC):

Name: \_\_\_\_\_

Street: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Check one:** New student \_\_\_\_\_ Returning student \_\_\_\_\_

Are there other children with special needs at home? \_\_\_\_\_ How many ? \_\_\_\_\_

**TOTAL NUMBER** of people, including children, living in your home: \_\_\_\_\_

**FINANCIAL INFORMATION**

\$ \_\_\_\_\_ Applicant's total taxable income from most recently completed tax year.

\$ \_\_\_\_\_ Applicant's total income (all sources \*) from most recently completed tax year.

\$ \_\_\_\_\_ P/G/PC's total taxable income from most recently completed tax year.

\$ \_\_\_\_\_ P/G/PC's total income (all sources \*) from most recently completed tax year.

**\*Include Pension, Unemployment, Workman's Compensation, Welfare, SSI, Child Support, etc.**

