



**PEGASUS RIDING ACADEMY, INC.**

*Therapeutic Riding Program*

www.pegasusridingacademy.com

8297 Bustleton Avenue, Philadelphia, PA 19152 - (215) 742-1500 - FAX: (215) 742-1515

**PEGASUS RIDING ACADEMY, INC.  
2012 SCHOLARSHIP APPLICATION**

Rider Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Disability: \_\_\_\_\_

Have you applied before? Yes \_\_\_\_ No \_\_\_\_

Amount Requesting: \_\_\_\_\_

\*Date of last application submitted \_\_\_\_\_ [Please Note: Full Application with financials must be submitted annually]

**Part I (Information requested applies to Parent/Guardian or Independent Rider)**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Rider resides with Mother Father Both Parents Guardian Self

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Married Single Divorced/Separated Widowed

Number of children \_\_\_\_\_ Ages \_\_\_\_\_ Number living at home \_\_\_\_\_

**FINANCIAL RESOURCES - Must be completed to be considered for funding**

***What is your present amount of monthly income and/or assistance?***

***(If rider has income and lives with parents, income pertaining to BOTH must be submitted)***

***You must enclose a copy of your last income tax return and W2's and a copy of a current pay stub..***

***Please list the amount received from each of the following sources for all that apply:***

Alimony/Maintenance	Wages
Savings	Welfare
Social Security	Pension/Retirement
VA Benefits	General Assistance
Medicaid	Insurance Benefits
Unemployment Insurance	DSHS Respite Care/DDD*
Child Support	Disability Payments
Spousal Support	Other

\*If you are DDD Eligible, please indicate what type of funding you are eligible for

**\*\*\*PLEASE COMPLETE BOTH SIDES\*\*\***

PART II (Applies to student and needs to be completed each time a Scholarship Application is filed)

1. In what other types of activities and therapy does student participate and how often?

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2. Please list unusual circumstances (debts, illness, etc.) that contribute to your need for assistance:

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Any Additional Comments:

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I certify that the information provided in this application is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<i>For Official Use Only</i>	
<i>Amount Granted:</i> _____	<i>Date:</i> _____

**\*\*\*PLEASE COMPLETE BOTH SIDES\*\*\***