

Quincy Equestrian Services and Therapy

Rider Scholarship Guidelines

Please read the following guidelines, complete the attached Rider Scholarship application and return it to the address below.

- QUEST Stables offers financial assistance in the form of “Rider Scholarships”. Our hope is to make therapeutic riding affordable for individuals who would benefit from the program, but cannot afford to pay full tuition. Scholarships are based on financial need and are reviewed as they are received.
- QUEST Stables relies on fundraising events and the generous contributions from donors for scholarship funding, therefore available scholarship funds will vary from session to session.
- Please indicate on the application how much financial assistance you are requesting by writing the amount in the space provided. Please keep in mind that, regardless of the applicant’s financial situation, we may not be able to grant all scholarship requests due to the status of our scholarship funds at the time of application.
- A QUEST Stables Rider Scholarship Application form must be completed two weeks prior to the beginning of the session for which scholarship funds will be used. All information will be kept confidential.
- You must reapply for a rider scholarship annually or if financial circumstances change.
- Final determination of scholarship awards will be determined by the QUEST Stable’s team.
- Funding may be discontinued if 2 or more lessons are missed during the funded riding session.
Funding may be discontinued if students are late for 2 or more lessons.
Hospitalization terms or physician prescribed absences that result in 2 or more lessons missed will not be counted as reasons for discontinuing funding. Refunds and credits are not given for missed lessons.
- Acceptance of a Rider Scholarship is also agreement to the conditions stated above.
- All completed forms should be returned to:

*QUEST Stables
2607 Vermont
Quincy, Il 62301*

Phone: (217) 242-9319

E-mail: info@queststables.com

Thank you for your interest in QUEST Stable’s Therapeutic Riding Program!

QUEST Stables Therapeutic Riding Program Rider Scholarship Application

QUEST Stables encourages anyone who wishes to participate in our programs but who cannot afford full tuition to apply for a scholarship. Please keep in mind that QUEST Stables relies on fundraising events and generous contributions from donors for scholarship funding, therefore available funds will vary from session to session and may not be available.

** Applications must be received at least two weeks prior to the start of the session for which they will be used.**

Participant's Name _____ E-mail Address _____

Street _____ City _____ State _____ Zip _____

Home (____) _____ Cell (____) _____ Date of birth _____

Disability _____

Scholarship amount requested: _____

*Lessons are \$30/30 minute session

Has participant previously received a QUEST Stables Rider Scholarship? No ___ Yes ___ When? _____

Are any other family members applying for or have previously received a Rider Scholarship?

___ No ___ Yes ___ Who? _____ When? _____

Participant resides with: Mother _____ Father _____ Both Parents _____ Guardian _____ Self _____

Parent/Guardian Information:

Name(s) _____ E-mail Address _____

Street _____ City _____ State _____ Zip _____
(if different from above)

Home phone (____) _____ Work (____) _____ Cell (____) _____

Married _____ Single _____ Divorced/Separated _____ Widowed _____

FINANCIAL INFORMATION— The following information is required for financial aid.

Please list all forms of income received on a monthly basis. Mark N/A for any that do not apply to you.

Number of individuals in the household, including adults and all dependents? _____

Wages:	Alimony/Spousal Support (income):
Interest from Savings:	Welfare/General Assistance:
Social Security Benefits:	Pension/Retirement:
VA Benefits:	Insurance Benefits:
Medicaid:	Respite Care:
Unemployment Benefits:	Disability Payments/Workers' Comp:
Child Support (Income):	Other:
Spousal Support:	TOTAL MONTHLY INCOME:

ADDITIONAL INFORMATION

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

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

3. Tell why you think you deserve the Rider Scholarship.

I certify that the information provided on this form is true and correct to the best of my knowledge. I also acknowledge that by accepting a Rider Scholarship I agree to the terms set forth in the Rider Scholarship Guidelines.

Signature

Date

For QUEST Stable's Office Use Only

Amount granted: _____ **Why denied:** _____ **Date:** _____