

Manna's Hana Riding Center, Inc.  
SCHOLARSHIP REQUEST FORM  
**Due 2 weeks before Session Starts**

**Mail Completed form to:**  
Manna's Hana Riding Center  
1285 Brotherton Drive  
Cookeville, TN 38506

The Board of Directors at Manna's Hana Riding Center believes in making therapeutic riding available to as many deserving persons as possible, understanding that many family situations preclude them from becoming involved in therapies not typically covered by insurance. The Board of Directors has created a scholarship fund to assist families in paying for therapeutic riding. All riders must pay a minimum fee of \$20.00 per session.

These need-based scholarships are available on a limited basis. Scholarships are awarded to new and returning riders. In addition to the application, returning riders may be evaluated based on the number of absences in previous sessions and/or promptness of tuition payment. Riders with an outstanding balance from a prior session will not be considered for a scholarship until the balance is paid in full.

**PLEASE FILL OUT ALL OF THE FOLLOWING INFORMATION  
INCOMPLETE FORMS WILL NOT BE PROCESSED.**

Once all required information is submitted, there is a one-week verification period. We will contact you with the results and the amount of allocation, if applicable. You are responsible for the balance of program fees, above the scholarship award. This must be paid, or financial arrangements agreed upon for the rider to be registered in the program and a lesson assignment confirmed.

Rider's Name: _____	Date: _____
Address: _____	City: _____ Zip: _____
School (if applicable): _____	
Parent or Legal Guardian: _____	Day Phone: _____
Email: _____	

<b><u>Considerations</u></b>
List at least 2 reasons Therapeutic Riding would benefit this rider: _____ _____ _____
Manna's Hana works hard to provide scholarship to those who need it most. Please list specific examples that place you/your rider in the category of highest need (please attach additional page if needed): _____ _____
*Please provide one letter of reference from a person involved with the rider in some capacity who is not a family member.

Manna's Hana Riding Center, Inc.  
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I certify that the above information is accurate and complete to the best of my knowledge. I understand that any incorrect information will result in immediate termination of this request.

Therapeutic Riding Sessions Horse & Me Sessions	Spring Fee \$200	Summer Fee \$200	Fall Fee \$200
Percentage Awarded	Amount Rider Pays for Spring	Amount Rider Pays for Summer	Amount Rider Pays for Fall
Horse Award 90%	\$20.00	\$20.00	\$20.00
Pony Award 75%	\$50.00	\$50.00	\$50.00
Mini Award 50%	\$100.00	\$100.00	\$100.00

I understand that submitting this application means I will be considered for Manna's Hana Riding Center scholarship. If I receive a scholarship, Manna's Hana will provide 90% percent of my current Manna's Hana scholarship for two months from the date the application is approved. If the rider named on this application cannot attend his or her scheduled riding session, I am required to notify Manna's Hana as soon as possible, preferably 24 hours in advance of the riding session. Two no-shows, i.e., Manna's Hana is not notified in advance of a rider's absence, during the two months the scholarship is in effect cancel the scholarship.

\_\_\_\_\_

Signature Date

Relationship to rider \_\_\_\_\_

<b>Office Use Only</b>	
Date Received: _____	
<input type="checkbox"/> Accepted	Amount Awarded: \$ _____
<input type="checkbox"/> Declined	_____
Manna's Hana Representative	Date