

EQUI-VENTURE EQUESTRIAN CENTRE



*EQUI-VENTURE Equestrian Centre at Gypsy Hill Stables 1444 Brown Road Westminster, MD 21158
443-898-2772*

www.Equi-VentureEquestrian.com

FINANCIAL ASSISTANCE APPLICATION

STUDENT / RIDER: _____

PARENT / GUARDIAN (If applicable): _____

OTHER PARENT / GUARDIAN (If applicable): _____

ADDRESS: _____

PHONE: _____ **BUSINESS PHONE:** _____

CELL PHONE: _____

SESSION / DATES REQUESTED: _____

TYPE OF ASSISTANCE REQUESTED: *Please circle one.*

FULL

PARTIAL *What amount would you/rider be able to contribute to the lesson, program, camp, club or activity fee(s)?* _____

Have you requested funding for EQUI-VENTURE Equestrian Centre lessons / activities in the past?

Please circle one. YES NO

If yes, how much was funded? _____

On the back of this page, please explain your reasons for requesting financial assistance from EQUI-VENTURE Equestrian Centre. Please include information about annual income (if a minor- parent's annual income) and expenses, and any other information that may be useful in helping the committee with making decisions about funding scholarships. Use another page if necessary.

Are you willing to write a letter to the donors who provided financial assistance to EQUI-VENTURE Equestrian Centre Scholarship fund? Please circle. YES NO

Thank you.