

**THREE GAITS FINANCIAL ASSISTANCE APPLICATION**

**STUDENT/RIDER:** \_\_\_\_\_

**PARENT/GUARDIAN (if applicable):** \_\_\_\_\_

**OTHER PARENT/GUARDIAN (if applicable):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**SESSION (DATES) REQUESTED:** \_\_\_\_\_

**ONLY PARTIAL ASSISTANCE IS AVAILABLE:** What amount would you/rider be able to contribute to the lesson fee? \_\_\_\_\_

Have you asked Family Support for funding for riding?    Yes    No

Have you requested funding for Three Gaits riding in the past year?    Yes    No

If yes, how much was funded? \_\_\_\_\_

**Please explain your reasons for requesting financial assistance from Three Gaits: (Include information on annual income and expenses, parents if minor, and any other information that may be useful in helping the committee to make decisions on amount of funding received. Use the back of this page if necessary.)**

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Are you willing to write a letter to the donors who provided financial assistance to the Three Gaits scholarship fund?    Yes    No

**THANK YOU!**