



JoAnn Currie Scholarship Application

Athelas Therapeutic Riding Inc.
1179 County Highway 5
Otego NY 13825

Type of Scholarship (circle one):	
Returning Rider	New Rider

Rider's Name: _____ Date of Birth: _____

Rider's Address: _____

City: _____ State: _____ Zip: _____

Phone (best number to contact): _____

E-mail: _____

Diagnosis: _____

Medicaid Service Coordinator's (MSC) Name: _____ Phone: _____

Name of Parents/Guardians:

- | | |
|---------------------|---------------------|
| 1. _____ | 2. _____ |
| Relationship: _____ | Relationship: _____ |
| Occupation: _____ | Occupation: _____ |
| Phone/Cell: _____ | Phone/Cell: _____ |

Briefly describe your rider and why s/he would benefit from our program:

Special Needs/Concerns:

Financial Statement of Need (Briefly explain why you are requesting a scholarship):

Signature of Parent/Guardian: _____

Print Name: _____ Date: _____

The Scholarship Committee will provide notification of your award decision.

What is the best way to reach you? _____ Phone _____ Email _____