

The Saddle Light Center for Therapeutic Horsemanship

Retama Equestrian Center
17530 Old Evans Road
Selma, TX 78154
Phone: (210) 651-9574
Fax: (210) 651-3495



The Saddle Club Scholarship Program Application

Rider Name: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

If under the age of 18 years:

Parent/Guardian Name: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Scholarships are offered to Saddle Light Center (SLC) riders for the current year. Decisions are based on a combination of factors including financial need, anticipated benefits to the rider's disabilities, the commitment to attending sessions at least once a week, and available funds.

Please choose one of the following: **Hippotherapy** **Therapeutic Riding**

I am applying for: **Full Scholarship** **Partial Scholarship**

Financial Information:

How many people are in your household? _____ How many under the age of 18? _____

What is your household annual gross income? \$_____ per year

How much are you able to pay per session? \$_____

How much assistance per session are you requesting? \$_____

Are there any other extenuating circumstances to be considered for your request?

Enclose the following with your application and return to the address above:

Most recent W2 / 1099

Most recent pay stub

Signature of responsible person: _____ Date: _____

Address (if different): _____ City _____ State _____ ZIP _____