

American Royal Therapeutic Riding Scholarship

Information Sheet

The American Royal Therapeutic Riding Scholarship program aims to provide scholarships to riders of any age who would benefit from a therapeutic riding program and who are in need of financial assistance in order to begin or continue in such a program. Our goal is to support the therapeutic riding centers in the greater Kansas City area who have identified and are serving these riders.

Applications should be made by the director or equivalent staff of a therapeutic riding program on behalf of specific riders. We are unable to consider applications made by individual riders. Funds will be made payable to the therapeutic riding center to be applied to the tuition of the rider named in the application.

Scholarship awards are based on the following criteria and with the following guidelines in mind:

1. Funds available for American Royal Therapeutic Riding Scholarships at the time of your application.
2. Profile and need of the rider as presented by a therapeutic riding center.
3. Student's willingness to commit to a program of therapy/lessons. Scholarships can cover between 25% and 75% of tuition fees. We ask that the student or student's family pay at least 25% of the tuition fees.
4. Previous awards. We are willing to consider repeat applications on behalf of the same rider if a need remains, but we are interested in serving as many riders as possible. We reserve the right to limit the number of awards given to the same rider.

To apply, for a scholarship on behalf of a rider, please complete the enclosed application form, program profile, and student narrative and mail all materials to:

Jim McNair, CEO
American Royal Association
1701 American Royal Court
Kansas City, MO 64102

Staff will review your scholarship application and determine your award based on the criteria listed above. Please keep this general information sheet on the scholarship program on hand for future reference.

American Royal Therapeutic Riding Scholarship

Application Form

Basic Information (*To be completed by the therapeutic riding center*):

Name of Therapeutic Riding Facility: _____

Name of Rider: _____ Rider's date of birth _____

Rider's Parent/Guardian: _____

Rider's address: _____

Has this rider passed the program/facility's screening process? Please describe:

Is this rider eligible to receive any local, state or federal funds to assist with therapy or rehabilitation? If yes, from what agency or program?

Has this rider been in a therapeutic riding program before? If yes, where and for how long?

Consent and agreement (*To be completed by the rider or rider's parent/guardian*):

Do you agree to pay at least 25% of the tuition fees for therapy or lessons and to be responsible for your transportation to and from the facility? _____

Will you allow us to list rider's name as a beneficiary of this scholarship program in our publicity and fund-raising materials? _____

Signature: _____

Date _____

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Therapeutic Riding Facility Profile

Name of Therapeutic Riding Facility: _____

Address: _____

Director or contact person: _____

Phone numbers: _____

Email: _____

Please describe the program of therapy/lessons you plan to pursue with this rider (including how often, what type of therapy, whether group or private sessions):

Who will be providing the instruction/therapy to the scholarship rider?

What are the tuition fees per session for this course of therapy/lessons?

Do you agree to apply any scholarship funds received from the American Royal to the tuition charges of the rider identified in this application? _____

Signature of Director: _____ Date _____

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Student/Rider Narrative

Name of Rider: _____ Rider's date of birth _____

Please describe why you consider this rider a good candidate for an American Royal Therapeutic Riding Scholarship (include information about the rider's need for therapy as well as financial need for tuition assistance, the family's commitment to pursuing a therapeutic riding program, and how you hope the rider will benefit from your program):

What are your specific goals for this rider over the course of this therapy?

When will the lesson or therapy program begin?