

NORTH COUNTRY RIDE
 PO Box 312, Esko MN 55733
 Phone: (218) 879-7608
 Email: ncride@gmail.com web: nortcountryride.com

2016 LOLLIPOP SCHOLARSHIP APPLICATION FORM

Please complete in full. Incomplete forms may be returned or result in processing delays. The Lollipop Scholarship Fund provides financial assistance to riders who wish to participate in equine assisted activities. The requirements for eligibility are:

- 1. Scholarships are based on financial need and the availability of funds. Riders can be awarded a maximum of \$120 per year, which can be used for one session or divided throughout the year.**
- 2. There is a limited amount of scholarship money available, please do not ask for any more financial assistance than is necessary.**
- 3. Income guidelines of the School System are now being used by North Country RIDE in the evaluation process.**
- 4. The rider or their family is expected to pay a portion of the session fees.**
- 5. Riders must have completed and sent in the rider registration packet, including a signed Physician's Statement form.**
- 6. Scholarship Application Forms are due two weeks prior to session start date.**

RIDER INFORMATION			
Rider name:		Phone:	
Rider address:	City:	State:	Zip
Number of people in the household:		Household annual income: \$	
Full name of the person completing form:			
Relationship to rider:		Phone:	
Is the rider/someone on behalf of the rider willing to volunteer at North Country R.I.D.E.? (Volunteer opportunities include leading/sidewalking during a class, office assistance, fundraising, photography/Newsletter help, grounds/maintenance assistance, special events, horse care, and more.) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?			
Why should you be considered for the Lollipop Scholarship?			

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Please be sure to complete both sides/pages. Thank you.

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SESSION INFORMATION		FOR OFFICE USE ONLY
Session fee(s) \$ _____ Subtract the amount the family can pay \$ _____ Total amount of request \$ _____	Date received: _____ Amount approved: _____ Approved by: _____ Additional information requested _____ _____ _____ _____ _____	
I am requesting scholarship funds for the following sessions. Please check session(s). Please list the amount requested for each session below.		
<input type="checkbox"/> Spring \$	<input type="checkbox"/> Summer 1 \$	<input type="checkbox"/> Summer 2 \$
<input type="checkbox"/> Fall \$		
<p>★ I understand that in the event I am granted a scholarship, I am responsible for paying a minimum of \$30 plus any session fees not covered by the scholarship.</p> <p>★ I commit to attending ALL classes for the session. I understand that if I FAIL to attend a class and DO NOT give a 24-hour cancellation notice, that my scholarship may be revoked for the remainder of the session.</p> <p style="margin-left: 40px;">★ Please remember that the Lollipop Scholarship funds are limited. North Country R.I.D.E. will make every effort to give financial assistance to everyone that applies, as long as there are funds available. However, we cannot guarantee financial assistance. Please do not apply for a scholarship unless you truly need it. Thank you.</p>		
_____ Grant requestor's signature	_____ Date	

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