



Scholarship Application

Rider Name: _____ Date of Birth: _____

Age: _____ Parent/Guardian: _____

Address, City, Zip: _____ Phone: _____

Cell: _____ Email: _____

Diagnosis: _____

Pertinent Medical Information:

Is the rider currently receiving services? Please describe:

Please describe why you feel the rider should receive this ridership. (May attach additional page if needed)

Income Information

Estimated Income for a year: _____ **(Enclose a copy of either the first page ONLY of most recent Federal tax return or SSI check) (Applications submitted without this information will not be reviewed until it is received.)**

Insurance Company: _____

Medicaid Number: _____ (if applicable)

Family History

How many siblings/children in the house: _____

Ages of siblings/children: _____

Rider signature

Parent/Guardian signature

Date