



RED Arena

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RED Arena Scholarship Application Form

Participants must be evaluated and screened by a RED Arena professional prior to being eligible for scholarship funds. Client fees are necessary to help defray the expense of equine assisted therapy but cover only a small amount of the actual cost of each lesson. RED Arena’s Board of Directors believes that no client should be turned away due to finances. A scholarship fund is available for clients who could not otherwise participate. Scholarship applications must be renewed each fiscal year.

Applications for scholarships must include:

1. **Completed Scholarship form**
2. **The first page of the most recent IRS income tax return (please black out social security numbers)**
 - **If the client is a minor, the tax return for the responsible party is required**
3. **A letter to the scholarship committee explaining your need for a scholarship**
4. **Letter from therapist or instructor explaining benefits applicant receives from therapy or riding**
5. **A copy of current military ID or DD-214, if applicable**

Participant Name: _____ **Date:** _____

Address/City/Zip: _____ **Birth date:** _____

Parent/Guardian: _____

Home phone: _____ **Work phone:** _____ **Cell/Other:** _____

Email Address: _____

Occupation: _____ **Spouse’s Occupation:** _____

Responsible party: _____

Address/City/Zip: _____ **Phone:** _____

Annual Family Income: _____ **Number in Family:** _____

Are any other family members disabled? _____ **If yes, provide details:** _____

Are there unusual medical needs we should consider? _____

Are there any mitigating factors that should be taken into consideration? _____

Current RED Arena client Yes ___ No ___ **If Yes, how many years?** _____

Have you received a RED Arena Scholarship in the past? Yes _ No _ **If so how many years?** _

Is the parent or guardian a current volunteer in any RED Arena activities? Yes ___ No _

Is the parent or guardian willing/able to volunteer in any RED Arena activities? Yes ___ No_

Client/parent/guardian signature: _____ **Date:** _____