Scholarship Application Form 12889 Parker Ave., Pine, CO 80470 info@CentaurRising.org 303 838-5430	Cente Risi	Lur n s
Child's Name: Street Address:	New student student	Current
City, State, Zip:	Please indicate programs for which you would like a scholarship. Check all that apply.	
Home Phone:	Little Kids' Camp	
Birth Date: School:	Basic Horse Camp	
Parent's Name(s):	Intensive Horse Camp Pre-school riding lessons	
Name(s) of Person(s) Completing this Form:	Private riding lessons (ages 7+)	)
E mail:	Weekly seat lessons Clinic with outside instructor	
E-mail:	After School at the Stable - onc	e/week
Day Phone: Eve Phone:	After School at the Stable - twice/week	
Signature(s):	After School at the Stable - 3 tir	mes/week
least one year in this program.	Leasing a horse Boarding a horse already owner {See CentaurRising.org/page/programs	
2. What gives you reason to believe that he/she can benefit from Centaur Rising's programs?		
3. What special needs or assets make this child a worthy candidate for these programs?		
<ol> <li>Please provide evidence of financial need. Special consideration will be given to those who have demonstrated eligibility for other programs requiring evidence of financial need.</li> </ol>		
Please include reference letters from 3 people who can attest to the likelihood of this family's long-term commitment to Centaur Rising programs.		
Parent's signature $\rightarrow$		Date: