



6920 Concession 1, Puslinch, ON N0B 2J0 • 519-837-0558 • Fax 519-837-1233  
www.sunrise-therapeutic.ca • info@sunrise-therapeutic.ca

## SCHOLARSHIP APPLICATION FORM

*It is the policy of Sunrise to ensure that all individuals who would benefit from our program should have the opportunity of a camp or riding lesson experience. It is not always possible for Sunrise to provide direct scholarships. Available funds will depend on the value and number of directed donations received by Sunrise from supporters. It may be necessary to assist the applicant to seek an alternative subsidy source within the community.*

### **Application Procedure:**

- 1) Please complete this form in full. The information contained herein will be kept strictly confidential.
- 2) Return this form to:  
**Alissa Gibson, Development Manager    alissa@sunrise-therapeutic.ca    519-837-0558 x35**  
**Sunrise Therapeutic Riding & Learning Centre – 6920 Concession 1, Puslinch, ON N0B 2J0**
- 3) Your information will be reviewed and the status of available subsidies will be checked. If scholarship funds are available, we shall inform you by email or phone as quickly as possible.
- 4) If a scholarship from Sunrise is not currently available, we will provide you with the names of several community organizations which provide subsidies for children to participate in recreational opportunities. Most of these groups require you to contact them directly and may have their own application forms to complete. Please keep us informed of your progress.
- 5) Subsidies from community organizations should be directed to: **SUNRISE THERAPEUTIC RIDING & LEARNING CENTRE, 6920 Conc. 1, Puslinch, ON N0B 2J0.**

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Name of child or adult who requires scholarship: \_\_\_\_\_

Parents' / Guardians' Names (for children): \_\_\_\_\_

**Full Mailing Address:** \_\_\_\_\_

Telephone: Home: (\_\_\_\_) \_\_\_\_\_      Email: \_\_\_\_\_

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### ***I am applying for a scholarship for:***

- Summer Day Camp      Session Date: \_\_\_\_\_      Riding       Farm Discovery
- Therapeutic Riding Lessons      Session Date: \_\_\_\_\_
- Other: \_\_\_\_\_      Session Date: \_\_\_\_\_

**Financial information:**

My / our monthly income is \$ \_\_\_\_\_

No. of dependants: \_\_\_\_\_

Ages of dependents: \_\_\_\_\_

**Scholarship Request:**

Registration Fee (*see appropriate registration form*) \$ \_\_\_\_\_

I am able to pay \* - \$ \_\_\_\_\_

**SCHOLARSHIP AMOUNT REQUIRED** = \$ \_\_\_\_\_

*\* We require each participant to pay some amount toward their registration fee. The more each participant is able to contribute, the greater number of children we can help through the Sunrise Scholarship Fund or through other agencies with whom we are in contact.*

I acknowledge that without financial assistance, I could not otherwise reasonably afford to have my child participate in the above-mentioned activity. I hereby state that the above information is accurate.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**PRIVACY STATEMENT:**

Sunrise respects your privacy. Sunrise protects your personal information and adheres to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up to date on the activities of Sunrise, including programs, services, special events, funding needs, and volunteer opportunities through periodic contacts. If at any time you wish to be removed from our mailing list simply contact us by phone at 519-837-0558 or via email at info@sunrise-therapeutic.ca and we will gladly accommodate your request.

**FOR SUNRISE TO COMPLETE:**

<input type="checkbox"/>	Scholarship Funds available: Amount granted: _____ Source: _____
	Confirmation sent to applicant. Date: _____ c.c. Program Director _____ Other _____
<input type="checkbox"/>	No suitable scholarship currently available. Applicant advised re: other sources: _____ _____ _____
<input type="checkbox"/>	Other notes: _____ _____