



Stepping Stones Therapeutic Riding

8699 US Turnpike • Newport, Michigan 48166

Phone: 734-707-3644

www.steppingstonetherapeuticriding.com

Stepping Stones Therapeutic Riding Annual Scholarship Form

Date: _____ Please return form with Registration packet

Rider's Name: _____

Address: _____

City: _____ **State:** _____

Parent's Occupation: _____ **Statement of Need:** _____

Years in Program: _____

What has the Stepping Stones Program meant to your family?

What areas of the Program do you feel you can give assistance?

Are you willing to help with Program nights? Side-walker, assisting with class, assisting in the aisles, fundraising projects? etc. This volunteer time must be done by a Parent/Caregiver or another adult, a minimum of 8 hours a year. Yes ___ No ___

Scholarship Seeking: Full ___ Partial ___

**NO MORE THAN 1 SCHOLARSHIP WIL BE PROVIDED
TO A RIDER ANNUALLY**

Stepping Stones Board Comments