

**Therapeutic Riding Association of Virginia
(TRAV)
Barbara Baird Instructor
Scholarship Application**

Name _____ Date of Birth _____

Address _____

Phone Number _____ E-mail _____

Program Affiliation _____

Name and Date of Educational Program/Conference (provide copy of brochure if possible): _____

Describe your experience in therapeutic riding and how this scholarship will be of value to you: _____

Amount of money requested: _____.

Please submit an itemized budget and amount of funding being requested: _____

Date of Request: _____

Please submit forms to:

Therapeutic Riding Association of Virginia
3056 Tenerife Rd
Catlett, VA 20119
Attention: Scholarship Committee

www.travinc.org

updated November 2016