

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

Barb Ford, President

3943 Dawley Rd

Virginia Beach VA 23457

Attention: Scholarship Committee

www.travinc.org