



# Therapeutic Riding Association of Virginia (TRAV) PATH Instructor Initiative Scholarship Application

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Occupation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

TRAV Program Affiliation (if any) \_\_\_\_\_

Are you a TRAV member? \_\_\_\_\_ (must be a TRAV individual member to apply for funding)

Number of years instructing "able-bodied" lessons? \_\_\_\_\_

Describe your teaching experience including discipline, number of students per lesson, length of lessons, and any other relevant information inc. any teaching certifications held:

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Describe your interest in equine-assisted activities? What is your availability to teach EEA once becoming certified?

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What geographic location will you be able to serve once certified? (Northern/Southern VA, etc)

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Will you be able to commit to teaching in Virginia for a period of at least 1 yr after becoming certified? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain:

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Do you have an approved mentor in place for your teaching hours? If so, who?

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*(If no, TRAV may be able to suggest potential mentors, but the organization cannot guarantee this)*

Amount of money requested (\$1,000 max; see guidelines): \_\_\_\_\_

Date of Request: \_\_\_\_\_

Send application and 2 professional references to:

TRAV

3056 Tenerife Rd

Catlett, VA 20119

travmailbox@gmail.com

[www.travinc.org](http://www.travinc.org)

# PROFESSIONAL REFERENCE (#1)

\*\*\*\*Please include 2 professional references with application! \*\*\*\*

References may come from equine industry employers, riding students, vets or farriers

Candidate's Name \_\_\_\_\_

Name of Reference \_\_\_\_\_

Phone: Daytime \_\_\_\_\_ E-Mail \_\_\_\_\_

In what capacity does the reference know the candidate?

Evaluate the candidate's ability to teach quality horseback riding lessons including horsemanship knowledge and skills:

Evaluate candidate's riding abilities if known:

Is there anything else you would like to share about this individual in regards to becoming a CTRI certified riding instructor?

Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

## PROFESSIONAL REFERENCE (#2)

\*\*\*\*Please include 2 professional references with application! \*\*\*\*

References may come from equine industry employers, riding students, vets or farriers

Candidate's Name \_\_\_\_\_

Name of Reference \_\_\_\_\_

Phone: Daytime \_\_\_\_\_ E-Mail \_\_\_\_\_

In what capacity does the reference know the candidate?

Evaluate the candidate's ability to teach quality horseback riding lessons including horsemanship knowledge and skills:

Evaluate candidate's riding abilities if known:

Is there anything else you would like to share about this individual in regards to becoming a CTRI certified riding instructor?

Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_