



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)

Are you a PATH member? _____ PATH member number: _____

(Must be a PATH member in order to become an instructor but you can join PATH after applying for the instructor scholarship)

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:

Describe your interest in therapeutic riding? What is your availability to teach therapeutic riding once becoming certified?

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

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:

Will you be able to commit the time to become certified within one year of receiving the scholarship? This includes completing the required 25 hours mentored teaching, on-line tests, PATH workshop and certification?

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

(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

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:

What are his/her strengths and weaknesses?

Is there anything else you would like to share about this individual in regards to becoming a PATH certified therapeutic 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:

What are his/her strengths and weaknesses?

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

Signature of Reference: _____ Date: _____