



Karin's Horse Connection

Scholarship Application

Please return to legacystables.karin@gmail.com or
8001 Patterson Ave. Caledonia, MI 49316

Applicant's Name _____ **Birthdate** _____

Parent/Guardian's Name(s) _____

Telephone _____ **Email** _____

Address _____

Program applying For _____

Amount of financial assistance requested _____

Explain your desire to participate in an equine program (attach separate page if needed):

Explain your financial need (attach separate page if needed): _____

Signature of Applicant _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

All information submitted will be kept confidential. KHC is prohibited from discriminating on the basis of race, color, national origin or sex. Scholarship requests will not be considered without completed form.

At the completion of each season of lessons, students will be asked to provide a short story/testimonial/thank you note that we can share with donors.

Throughout the season, KHC needs volunteers to help in various roles. By accepting financial assistance, the applicant and the parent(s)/guardian(s) are agreeing to serve in a volunteer capacity when asked to do so.