Gallop To Success Scholarship Program and Application Packet Check Off List

Incomplete applications will not be considered.

Please make sure each of the following is included in your packet:		
Cover	Letter	
Applica	ation Form (all 5 pages) and signature from parent/guardian	
One let	tter of reference	

Gallop To Success Scholarship Program and Application

Documentation requirements (incomplete applications cannot be considered):

- 1. Completed Scholarship Application, which includes a parent's signature on the Statement of Accuracy section and application.
- 2. Cover letter describing in detail why you are applying for a financial scholarship for the GTS program.
- 3. One letter of reference from any of the following: teacher, guidance counselor, faith leader (e.g. minister, rabbi or other), athletic coach, therapist, social worker, and/or camp counselor.

Applicants who are awarded a scholarship will need to complete a camp application (which you may access at www.GallopToSuccess.org). If a scholarship recipient is attending overnight camp, a physical examination is required (not required for day camp). Funding for this exam is available, call (802) 442-5454 for more details.

Where to submit application and other documentation (send only one time):

By email: GTS@sover.net

By Mail: Gallop to Success, 1214 Cross Hill Road, North Bennington, VT 05257

By Fax: (802) 442-4675

Questions?

Call: (802) 442-5454 or Email: <u>GTS@sover.net</u>

Gallop To Success Scholarship Program and Application

SCHOLARSHIP APPLIC	'ANT:		
Name:			
	State:		
Home Phone Number:			
Email:			
PARENT/GUARDIAN #1	:		
Name:			
City:	State:	Zip:	
Home Phone Number:			
PARENT/GUARDIAN #2	<i>:</i>		
Name:			
Address:			
City:	State:	Zip:	
Home Phone Number:			
Cell Phone Number:			
Email:			
	STATEMENT OF AC	CURACY	
	ation stated in the cover letter for a my picture may be taken and used ship program.		
	sen as a scholarship winner, I will experience meant to me. Guidelin		own words after the
Signature of scholarship a	pplicant:		
Date:			
Signature of scholarship p	arent/guardian:		

Gallop To Success Scholarship Program Application Questions

Note: Questions 1-5 are for the child/youth. Question number 6 is for the parent/guardian

1. Which session are you interested in attending (check one)?:

SPECIAL SUMMER/FALL PROGRAM

Session

Check One

Commencing: Saturday, September 5, 2020, 10am-2pm: Horse Club

One Session of Horse Club (1 Saturday, 10am-2pm)

Two Sessions of Horse Club (2 Saturdays, you pick, 10am-2pm)

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	Three Sessions of Horse Club (3 Saturdays, you pick, 10am-2pm)			
	Four Sessions of Horse Club (4 Saturdays, you pick, 10am-2pm)			
THE SATUF OR NOVEM	RDAYS AVAILABLE WILL BE ANY SATURDAY IN SEPTMEBER, OCTOBER, IBER			
2. How do you think the Gallop to Success horsemanship program will impact your life?				
3. Why are you applying for this program?				

4. List your community service activities, hobbies, outside interests, and extracurricular activities.		
5. Pick an experience that has happened to you and explain how it has influenced your life.		
6. Question for parent or guardian: Please describe what special need, challenge or circumstance your child is experiencing that you think can be addressed by the Gallop to Success Horsemanship program.		