

**SPECIAL EQUESTRIANS OF THE TREASURE COAST
SCHOLARSHIP APPLICATION
SPRING SESSION - 2011**



PLEASE PRINT

STUDENT NAME

BIRTHDATE

FATHER/GUARDIAN

MOTHER/GUARDIAN

ADDRESS

ADDRESS (if different)

HOME PHONE

HOME PHONE (if different)

CELL PHONE

CELL PHONE

E-MAIL

E-MAIL

OCCUPATION

OCCUPATION

EMPLOYER

EMPLOYER

NUMBER OF DEPENDENTS IN HOUSEHOLD

OTHER SPECIAL NEEDS DEPENDENTS

APPROXIMATE HOUSEHOLD INCOME PER MONTH: _____ PER YEAR: _____

REASON FOR APPLYING FOR SCHOLARSHIP MONIES:

I hereby certify that the above information is true and accurate to the best of my knowledge. If granted a scholarship, I agree to abide by all SETC Scholarship Award Program policies and procedures.

SIGNATURE

DATE

FOR OFFICE USE ONLY

SCHOLARSHIP AWARD: FULL PARTIAL NONE

NUMBER OF LESSONS _____