

**Therapeutic Riding Association of Virginia  
(TRAV)  
Barbara Baird Instructor  
Scholarship Application**

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

Address \_\_\_\_\_

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

Program Affiliation \_\_\_\_\_

Name and Date of Educational Program/Conference (provide copy of brochure if possible): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your experience in therapeutic riding and how this scholarship will be of value to you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of money requested: \_\_\_\_\_.

Please submit an itemized budget and amount of funding being requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to write an article for the TRAVeler newsletter upon completion of educational experience. (Please initial) \_\_\_\_\_.

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

Please submit forms to:

Therapeutic Riding Association of Virginia  
TRAV Scholarship Fund  
2626 Heritage Park Drive  
Virginia Beach, VA 23456

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