



## Hoofbeats Therapeutic Riding Center, Inc.

At the Virginia Horse Center  
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### Scholarship Application

Bidlack Scholarship

Brittigan Scholarship

Working Student  
Scholarship

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

How would you benefit from a scholarship?

(For Working Student Scholarship, please attach essay)