



## Master's Touch Financial Scholarship Application Form

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Male or Female (circle one) School Name \_\_\_\_\_ Grade \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Marital Status \_\_\_\_\_ Household Size \_\_\_\_\_

Joint Annual Income \_\_\_\_\_

Please check services of interest:

- Recreational Riding
- Small Spurs
- Silver Spurs
- Recreational Driving

**Recreational Riding** is designed to provide a therapeutic experience for children and adults with physical, mental and emotional disabilities through the development of horseback riding skills. These sessions focus on exercises intended to improve cognitive, physical, emotional, and social. Catering to students 5 years and older, students will participate in activities on the sensory trail as well as learn riding skills in the arena.

**Small Spurs** is a program caters to children under the age of 5, using equine assisted activities for physical, mental, or social development. All mounted exercises are designed to positively influence cognitive, physical, emotional and social development.

**Silver Spurs** is Recreational riding sessions for ages 65+ to improve balance, coordination, memory, daily life skills, overall mood and more. During the sessions, the riders will also experience a sense of purpose and responsibility through learning how to take care of their lesson horse.

**Recreational Driving** sessions are offered but not limited to children and adults who struggle with physical, mental, sensory or emotional disabilities. It allows students the opportunity to experience control of a horse while sitting in a cart. During the session, the individual will have the opportunity to learn how to care for the horse, tack up and control the horse from their buggy. The service provides a riding alternative for those who are unable to ride in a saddle due to weight, balance, fatigue, allergies, fear of heights, asthma, anxiety or are unable to sit astride.

**Please mark all days and times that you would be able to come for sessions:**

	8-9 AM	9- 10AM	10- 11AM	11- 12PM	12- 1PM	1-2PM	2-3PM	3-4PM	4-5PM	5-6PM
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										

**How often would you like to be able to receive this service?**

- Once a week
- Twice a month
- Once a month

**Briefly describe any special circumstances that we should be aware of in considering your request.**

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**Briefly describe why you feel like this individual could benefit from receiving services at Master's Touch.**

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**Please Provide a reference:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Title / Position** \_\_\_\_\_ **Church / School** \_\_\_\_\_

**Phone: Mobile** \_\_\_\_\_ **Work** \_\_\_\_\_

**Email** \_\_\_\_\_

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please complete and return form. Mail: 2824 McGarity Road, Social Circle, GA 30025. Email: masterstouchriding@gmail.com ---- Phone: (770) 672-5759