

# Windrush Farm

## Mark Perry Memorial Scholarship

### Application Form

The Mark Perry Memorial Scholarship makes it possible for a child or adult with physical, cognitive or emotional challenges to participate in a therapeutic riding or unmounted program at Windrush Farm in North Andover, Massachusetts

The scholarship recipient will receive a 100% award to cover the cost for a spring or fall session. This scholarship is for an individual aged 6 and above with special needs **who has not participated in a therapeutic riding or unmounted program previously.** (A physician's statement and an evaluation ride is required to participate in a therapeutic riding program at Windrush Farm).

**Please print out and complete this application form and send with your most recent federal income tax return to:**

Scholarships, Windrush Farm, 479 Lacy Street, North Andover, MA 01845

**Date of Application:** \_\_\_\_\_

Name of Person completing Application \_\_\_\_\_

How did you hear about Windrush Farm? \_\_\_\_\_

#### APPLICANT INFORMATION

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

Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

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

Relationship to Applicant: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian if address if not same as Applicant:

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

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

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant's Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complications related to diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical History

Please provide all relevant information.

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Does participant use any assistance devices?

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Has applicant ever participated in any Riding program?

yes \_\_\_\_\_ no: \_\_\_\_\_

If so, please provide details:

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Has applicant ever participated in Windrush programs:      yes \_\_\_\_\_ no: \_\_\_\_\_

If so, please provide details:

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Please describe expected benefits of a Therapeutic Riding or unmounted program

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Do any other household members have special needs? (Do not include applicant) \*

yes \_\_\_\_\_ no: \_\_\_\_\_

If so, please provide details:

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Please provide any additional information you would like to share to support this application

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**Please send completed application form with your most recent federal income tax return to:**

Scholarships  
Windrush Farm  
479 Lacy Street  
North Andover, MA 01845 or by email to [scholarships@windrushfarm.org](mailto:scholarships@windrushfarm.org)