

**LSTEN (Lone Star Therapeutic Equestrian Network)  
2015 Annual Conference Scholarship Application**

Please fill out this form completely. Incomplete applications will **not** be considered.  
Applications must be postmarked no later than July 15, 2015.

All applicants will be notified by mail or email of the application review committee's final decisions in early July. Scholarships will be awarded in the form of full conference registration fee waivers. Scholarships are not transferable. Scholarship recipients are responsible for their own travel and accommodations.

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email \_\_\_\_\_

1. Currently. Are you a LSTEN member? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Currently. Are you a PATH, Intl. member? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Have you attended a LSTEN conference before? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Are you at least 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Name of the therapeutic riding center with which you are affiliated.  
\_\_\_\_\_

What is your position at the center? \_\_\_\_\_

6. Please describe the nature of your work at the center \_\_\_\_\_
7. What are your goals in the Therapeutic Riding field? \_\_\_\_\_
8. How do you think attending the LSTEN Conference will help your work and goals in the Therapeutic Riding field? \_\_\_\_\_
9. Explain your financial need. \_\_\_\_\_
10. Does your center have a training budget? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, explain \_\_\_\_\_

To the best of my knowledge, the information on this application is accurate, complete and true.

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Signed: \_\_\_\_\_ Dated \_\_\_\_\_

MAIL TO: Conference Scholarship

Rebecca Mercer

600 Cambridge Rd., Tyler, TX 75703 or [rmhorses@aol.com](mailto:rmhorses@aol.com) or fax before 8:00 p.m.

(903) 509-2164.

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