

Dr. Brenda Churchill
Therapeutic Equestrian Center (TEC)
Scholarship Fund Application

Through the generosity of those who honor the memory of Dr. Brenda Churchill, a scholarship fund has been established for participants in the services of the Therapeutic Equestrian Center.

Dr. Brenda Churchill was a courageous woman. As a physician, she was brilliant in diagnosing so many illnesses, and was known for her excellent care of the elderly. She loved horses, yet had a fear of them. She managed to overcome her fear, learning to ride, train and show her own horses, all within a few years time. With the dedicated help of trainer Jacquie Allen, Brenda showed all the way up to the national level and several of her horses were champions. She overcame physical challenges to succeed in her dream through dedication, courage, hard work and friendship. She was taken from us before her time and was especially courageous in battling her cancer. This legacy is offered in her name.

This partial scholarship fund is open to others who aspire to those qualities and have a desire to ride. Limited scholarships will be awarded based on financial need, need for service, staff recommendation, and merit. An additional qualifying requirement of this scholarship fund is supplemental volunteer activity, either from the rider or the caregiver family member. All lessons will require a minimum cash payment. Eligibility, reduced payment amount and number of volunteer hours required will be determined on a case by case basis.

Some suggested volunteer activities are:

Program Volunteer (family members only), Barn Chores and Projects, Tack Cleaning, Fundraising, Public Relations, Special Events and Projects, Data Entry, Mailings, General Office Support, Serve on a Committee, Reception

If you are interested in applying, please fill out the following and mail it to:
Therapeutic Equestrian Center, P.O. Box 1250, Niles, Michigan 49120. For more information call (269) 325-5675

Name or participant: _____ Date of Birth_____

Parent's name(s): _____

Address: _____

City, State, Zip Code: _____

Email address: _____

Telephone: (home) _____ (work): _____ (cell): _____

School attending & grade: _____

Please describe the special interest this rider has with horses and why he/she wishes riding lessons at TEC (please ask the child to write this, if appropriate):

Description of how the rider meets TEC's criteria:

Financial Need (supply supporting documentation):

How TEC would benefit this rider and what personal/physical needs would this experience meet?

Staff / Instructor Recommendation:

Supporting Documentation:

_____ Financial need (1040 or equivalent)

_____ Other (please describe)

Volunteer Opportunities:

(Please check preferences – in number order)

The Volunteer Opportunities may require supervision by a parent, staff, or another volunteer.

_____ Clean Up – including grounds keeping

_____ Supervised or Unsupervised Stall cleaning

_____ Stable Management chores as suggested by the instructor

_____ General support as needed

_____ Office support

_____ Program volunteer

_____ Committee approval Date: _____

_____ Committee not approved Date: _____