



P.O. Box 56 Bridgeville, PA 15017 Tel: 412-932-6036 Email: [annehwh@gmail.com](mailto:annehwh@gmail.com)

## Therapeutic Riding Scholarship Application

Horses with Hope is dedicated to offering our services to all those who qualify, regardless of their financial circumstances. We strive to provide financial assistance to individuals who are in need, in a fair and responsible manner. Applications will be reviewed by the Scholarship Committee. All information provided on the Scholarship Application is kept strictly confidential.

All application information must be completed in full and include a copy of the most recent Federal Income Tax Return to be considered. **Applications will be reviewed quarterly according to the following application deadlines: January 31, March 31, May 31 and July 31.**

Scholarships are based on availability of funds at the time of application, profile and needs of the rider. Selection for scholarship will be determined without regard to gender, ethnicity, religion, or similar characteristics. We reserve the right to limit the number of scholarships given to the same participant, as our goal is to serve as many riders as possible.

Scholarships will be paid directly to the program on behalf of the participant in the form of credit toward tuition for lessons. The individual or family shall not receive any cash benefit from the scholarship. The scholarship amount awarded to any individual shall not exceed the actual fees charged. Rates for scholarship participants may not be more or less than that of non-scholarship participants receiving comparable services.

Scholarship participants may not miss more than two sessions without a note from a physician. Lessons missed without notification are subject to dismissal from the scholarship program. Acceptance of this scholarship application does not exempt the family or participant from abiding by the policies of the program. The program director has the right to remove a participant from the program at any time for failure to abide by Horses with Hope policies.

**Please mail completed application to:**

Horses with Hope  
Attn: Scholarship Committee  
PO Box 56  
Bridgeville, PA 15017



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*If the scholarship applicant is under 18 years of age or a dependent adult, a parent/guardian must complete the application.*

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Employer/School/Day Program: \_\_\_\_\_

Participant's Condition/Diagnosis: \_\_\_\_\_

Please list other activities and/or therapies the applicant participates in and how often: \_\_\_\_\_

Father/Guardian: _____ Address (if different than participant): _____ _____ Occupation: _____ Employer: _____	Mother/Guardian: _____ Address (if different than participant): _____ _____ Occupation: _____ Employer: _____
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Please list all individuals living in the same household as the participant:			
<i>Name</i>	<i>Relationship to participant</i>	<i>Age</i>	<i>Dependent</i>
_____	_____	_____	YES / NO
_____	_____	_____	YES / NO
_____	_____	_____	YES / NO
_____	_____	_____	YES / NO
_____	_____	_____	YES / NO

Is the Participant's father or mother deceased: YES / NO

Is the Participant's father or mother unable to work: YES / NO

Are the Participant's parents divorced or separated: YES / NO

Is Participant or any member of the household a Veteran or current service member: YES / NO



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**Total Annual Household Income** (including child support, alimony, welfare, pensions, retirement or other):

- \$0-\$20,000    
  \$21,000-\$40,000    
  \$41,000-\$60,000    
  \$61,000-\$80,000    
  \$>81,000

**Monthly Expenses:**

Mortgage/Rent:	\$
Car Payments:	\$
Utilities:	\$
Credit Card Payments:	\$
Alimony/Child Support:	\$
Preschool/After School Care:	\$
Insurance:	\$
Medical Expenses:	\$
Other Expenses:	\$
<b>Total Monthly Expenses:</b>	\$

Please list any special circumstances that the scholarship committee should consider when reviewing this application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I certify that all of the information on this form, as well as supporting documentation is true, accurate, and complete to the best of my knowledge and that all household income has been reported.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**For use by HWH Scholarship Committee:**  
 Date received: \_\_\_\_\_  
 Awarded: YES / NO     Date: \_\_\_\_\_