

## HorsePower Scholarship Application

Request For: New Year 📃 Sp	ring 🧾 Summer 📃 Fall	Winter Year:
Which program do you wish to p	articipate in?	
Hippotherapy Therapeutic Ri	·	
Participant Name:	Date of	Birth:
Gender:	Diagnosis:	
Ethnicity:	County:	
The above information will not	t affect your scholarship a how much you re	mount. The questions following will determine eceive.
		ecify:
		nent, government, trust, dividends, etc. 4,999   □  35,000-49,999   □  50,000-74,999
Number of people in househol	d dependent on income at	bove: 1 2 3 4 5 6+
Is this a single income househ	old? Yes No	
Do you benefit from any of the	following?	
	dren's Miracle Network	olunteers of America
Government Grants		
Please indicate the distance tr 1-10 miles 11-20 miles 2		h week: 41-50 miles 50+ miles
Do you participate in:		
	cupational Therapy	Speech Therapy
Please indicate which of the follo Calendar Sales Butter Braids		es you participated in: ease specify)

What other recreational physical exercise activities are you enrolled in?

What non-physical recreational activities do you participate in?

Have you encountered any extenuating circumstances that will affect your ability to pay for this session?

\*\* If you'd like to discuss your financial situation with us in further detail, please feel free to contact us

## **Cancellation & Rescheduling Policy**

Due to horse health and rider safety, lesson cancellation and rescheduling will be left up to Horsepower's discretion. Horsepower will make every attempt to notify clients of lesson cancellations within 3 hours prior to the start of a lesson and to accommodate rescheduling where possible. Regarding cancellation and client refunds, all Horsepower facility closures and/or lesson cancellations will first exhaust the client's scholarship funds. Moreover, lesson cancellations will not affect client tuition costs unless all scholarship funds are depleted.

Please sign below to acknowledge that you have read the Cancellation & Rescheduling Policy.

Signature:

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

Printed Name: Relationship to Client: