



HorsePower Scholarship Application

Request For: New Year Spring Summer Fall Winter Year: _____

Which program do you wish to participate in?

Hippotherapy Therapeutic Riding Ground Works

Participant Name: _____ Date of Birth: _____

Gender: _____ Diagnosis: _____

Ethnicity: _____ County: _____

The above information will not affect your scholarship amount. The questions following will determine how much you receive.

Please indicate desired level of financial assistance: Full 75% 50% 25%

If there is a specific amount that you CAN pay, please specify: _____

Please indicate the level of annual income from employment, government, trust, dividends, etc.

0-9,999

10,000-14,999

15,000-24,999

25,000-34,999

35,000-49,999

50,000-74,999

75,000-99,999

100,000+

Number of people in household dependent on income above:

1 2 3 4 5 6+

Is this a single income household? Yes No

Do you benefit from any of the following (circle any that apply)?

Family Support Volunteers of America Government Grants Other

Please indicate the distance traveled to HorsePower each week:

1-10 miles

11-20 miles

21-30 miles

31-40 miles

41-50 miles

50+ miles

(continues on next page)



Do you participate in:

Physical Therapy Occupational Therapy Speech Therapy Other (please specify)

Please indicate which of the following fundraising opportunities you participated in, if any:

Calendar Sales Butter Braids Wreaths Other (please 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. Refunds or credits for clients due to closure of the Horsepower facility and/or cancellations of lessons will first be deducted from the client's scholarship funds. Lesson cancellations will not impact client tuition costs unless all scholarship funds have been exhausted. Please see **Cancellation & Rescheduling Policy** in original New Client packet for more information.

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

Signature: _____ Date: _____

Printed Name: _____ Relationship to Client: _____