



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 dependent on income above: 1 2-3 4-5 6+

Is this a single parent household? Yes No

Do you benefit from any of the following?

Family Support Government Grants Consumer Choice Option

Children's Miracle Network Volunteers of America Other

Please indicate how many other recreational physical exercise activities you are enrolled in:

1 2 3 4 5+

Please indicate the number of non-physical recreational activities you participate in:

1 2 3 4 5+

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

Do you participate in:

Physical Therapy Occupational Therapy Speech Therapy

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

Calendar Sales Butter Braids Wreaths Other (please specify) _____

Have you encountered any extenuating circumstances that will affect your ability to pay for this session? Yes No

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