



Participant Scholarship Application

Please note that this form is the only information that the scholarship review committee will receive. Please be thorough and provide any and all information that will allow them to make the best determination of scholarship scoring and scholarship fund distribution.

Request for: Winter 1 Spring Summer Fall Winter 2 Year: _____
Approx: (Jan/Feb) (Mar/Apr) (Jun-Aug) (Sep/Oct) (Nov/Dec)

Participant Name: _____ Date of Birth: _____

Diagnosis: _____

Please check desired level of financial assistance: Full $\frac{3}{4}$ $\frac{1}{2}$ $\frac{1}{4}$
(A minimum \$5 fee per lesson is required of all participants. If no box is checked, your application will be returned to you for completion.)

Please indicate level of annual income from employment, government, trust, dividends, etc.
 \$0 -15, 000 \$15,000-25,000 \$25,000-40,000 \$40,000 plus

Number of people dependent on income identified above: _____

Please list any other sources and amounts of financial assistance (i.e., Family Support, Children's Miracle Network, other) _____

Please discuss factors contributing to financial hardship (i.e., single parent, medical costs, fixed income): _____

List other structured recreational or physical activities the applicant is involved in: _____

Distance traveled to attend HorsePower _____

Discuss transportation to HorsePower & any reasons regular attendance may be a problem: _____

How would HorsePower be beneficial to the applicant? _____