

SCHOLARSHIP OPPORTUNITIES

An underlying mission of High Hopes Therapeutic Riding is to make its services affordable for all participants whose application for registration is accepted. High Hopes is able to fulfill this mission through donations, the building of its endowment funds and the administration of a scholarship program based strictly on need.

APPLICATION FOR SCHOLARSHIP

New Participants - Individuals applying to participate in a High Hopes program may request a *Scholarship Application* and submit it with their application for participation. Action is taken on the application only after the individual has been scheduled into a High Hopes program.

On-Going Participants – On-going participants *who did not receive a scholarship award for their prior semester's enrollment* at High Hopes may request a *Scholarship Application* during the registration period for the current semester and submit it for consideration.

On-going participants *who received a scholarship for their prior semester's enrollment* at High Hopes are provided a scholarship application annually and are required to submit that application to continue to receive scholarship aid.

AWARDING OF SCHOLARSHIP

All information provided on the *Scholarship Application* is kept in strict confidence. A Scholarship Committee reviews the applications and may find it necessary to request additional information; this is arranged by the Business Office on a confidential basis.

Scholarship is awarded in the form of credit toward the tuition for scheduled services; the participant is notified of this award through a notation on the invoice for the services scheduled.

HIGH HOPES THERAPEUTIC RIDING, INC.
SCHOLARSHIP APPLICATION – PAGE 1

This application is for a scholarship at High Hopes Therapeutic Riding, Inc. The information will be kept confidential and will be made available only to the High Hopes Scholarship Committee.

Scholarship awards are based solely upon need. Due to limited funds we sincerely hope that application for a scholarship will be made only after careful assessment of your needs.

It is important that an application be filed as early as possible prior to the start of the semester. All requested information must be provided. We cannot consider this application until all material has been submitted.

Final determination of scholarship awards will be based on the demonstrated financial needs of the applicant and the funds available for scholarship at High Hopes Therapeutic Riding, Inc.

Applicant's Name: _____

Applicant's Age: ____ Phone: () _____ - _____

Applicant's Mailing Address: _____

Zip: _____

Father's Name: _____

Home Address: _____

Occupation: _____

Employer: _____

Business Address: _____

Mother's Name: _____

Home Address: _____

Occupation: _____

Employer: _____

Business Address: _____

Are you a one or two family income household? _____

Please list amount per year of any aid or support you receive other than earned income.

Annual Earned Income Category (Check One):

1) <\$15,000 __ 2) \$15,000-\$25,000 __ 3) \$25,000-\$50,000 __ 4) >\$50,000 __

Number of Dependents in Household: Adults _____ Children _____

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Applicant's Name: _____

List dependent children:

| <u>Name</u> | <u>Age</u> | <u>School/College</u> | <u>Percent of tuition paid by parents</u> | <u>Percent of aid received by parents</u> |
|-------------|------------|-----------------------|---|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

List other people dependent upon your income (e.g., parents):

Other Information:

| | <u>Date Purchased</u> | <u>Wholly Owned</u> | <u>Financed</u> | <u>Rented</u> |
|-------------------------------|---------------------------|-------------------------|-----------------|---------------|
| Real Estate/Primary Residence | _____ | _____ | _____ | _____ |
| Vacation Property | _____ | _____ | _____ | _____ |
| Vehicle 1-Year and Make | _____ | _____ | _____ | _____ |
| Vehicle 2-Year and Make | _____ | _____ | _____ | _____ |
| Boat-Year and Make | _____ | _____ | _____ | _____ |
| RV-Year and Make | _____ | _____ | _____ | _____ |

Other to be considered:

Description: _____

Description: _____

Please identify below other financial obligations you may have that should be considered with this Scholarship Application. In addition, if there are other factors you feel might affect consideration of this application, please explain them.

Level of Scholarship Aid requested: 1) 25% __ 2) 50% __ 3) 75% __ 4) 100% __

Signed: _____ Date: _____