



*High Hopes*  
*High Hopes Therapeutic Riding, Inc.*  
*A Tradition of Excellence in Therapeutic Riding*

## **GROUP SCHOLARSHIP APPLICATION**

### **SCHOLARSHIP OPPORTUNITIES**

An underlying mission of High Hopes Therapeutic Riding is to make its services available to all participants whose application for registration is accepted. High Hopes is able to fulfill this mission through the generosity of our supporters, grants, our endowment fund and the administration of a scholarship program based strictly on need.

### **APPLICATION FOR SCHOLARSHIP**

Scholarships are generally awarded for the entire riding year (Fall through Summer Semesters). All scholarship requests must be renewed on an annual basis each Fall by submitting a newly completed Scholarship Application. *We ask each group requesting scholarships to participate in the process by paying for one session per semester for each student, if possible.*

### **AWARDING OF SCHOLARSHIPS**

All information provided on the *Scholarship Application* is kept in strict confidence. The 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.

Scholarships are awarded in the form of credit toward the tuition for scheduled services; the group is notified of this award in writing.



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**HIGH HOPES THERAPEUTIC RIDING, INC.**  
**GROUP SCHOLARSHIP APPLICATION - Page 1**

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

Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Number of participants: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Please give details below as to your scholarship needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Level of Scholarship requested: 1)25%\_\_\_ 2)50%\_\_\_ 3)75%\_\_\_ 4)100%\_\_\_**

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Scholarship Committee Approval: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

F:/shared/Forms/Program/Participant Forms/Group Scholarship Application