



INSTRUCTOR TRAINING COURSE SCHOLARSHIP APPLICATION

This application is for a scholarship at High Hopes Therapeutic Riding, Inc. to attend the Instructor Training Course (ITC). All requests for scholarship funds must include a completed scholarship application (this form) and accompany a completed Instructor Training Course registration packet (including all pre-requisite criteria). ***The deadline for applying for a scholarship is 45 days prior to the start of the program.***

The information in this application will be kept confidential and will be made available only to the High Hopes Scholarship Committee. Scholarship awards are based solely upon need. 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. Due to limited funds we sincerely hope that application for a scholarship will be made only after careful assessment of your needs.

Scholarships are awarded in the form of credit of no more than 50% of **tuition only** for the ITC program. The candidate will be responsible for 100% of the remaining fees, housing and deposits. If you are awarded a scholarship you will be notified in writing approximately 30 days prior to the start of the program.

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 _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address: _____

Occupation: _____ Employer: _____

Business Address: _____

Are you a one or two family income household? _____

Number of Dependents in Household: Adults _____ Children _____

**INSTRUCTOR TRAINING COURSE SCHOLARSHIP APPLICATION
(Continued)**

ANNUAL INCOME	
Earned income	\$ _____
Income from other sources:	
_____	\$ _____
_____	_____
_____	_____
TOTAL ANNUAL INCOME	\$ _____

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 (up to a maximum of 50% of tuition only): \$ _____

Signed: _____ Date: _____

**Please mail the completed form to:
Finance Director
High Hopes Therapeutic Riding, Inc.
36 Town Woods Road
Old Lyme, CT 06371**

Scholarship Committee Approval: _____ Amount: _____ Date: _____