



Hope Springs Equestrian Therapy, Inc.

Request for Scholarship Assistance

Name of Rider: _____
Name of Parent/Guardian if Rider is under 18: _____
Address: _____
City/State/Zip: _____
Home Phone Number: _____
Cell Phone Number: _____
E-mail Address: _____
Date began attending Hope Springs: _____

Reason for request of scholarship assistance:

Amount of scholarship requested: ___25% (scholarship portion \$16.25 per lesson – riders portion \$48.75)
___50% (scholarship portion \$32.50 per lesson – riders portion \$32.50)

Amount (%) of scholarship assistance received in the past: _____

The following financial information is not the only factor Hope Springs uses to determine scholarship assistance, but is required for statistical purposes to aid Hope Springs in obtaining funding for our scholarship program.

Rider's household Income:

- | | | |
|--|--|--|
| <input type="checkbox"/> under \$5,000 | <input type="checkbox"/> \$45,000-55,000 | <input type="checkbox"/> \$95,000-105,000 |
| <input type="checkbox"/> \$5,000-15,000 | <input type="checkbox"/> \$55,000-65,000 | <input type="checkbox"/> \$105,000-115,000 |
| <input type="checkbox"/> \$15,000-25,000 | <input type="checkbox"/> \$65,000-75,000 | <input type="checkbox"/> \$115,000-125,000 |
| <input type="checkbox"/> \$25,000-35,000 | <input type="checkbox"/> \$75,000-85,000 | <input type="checkbox"/> \$125,000 and above |
| <input type="checkbox"/> \$35,000-45,000 | <input type="checkbox"/> \$85,000-95,000 | |

Number of family members in household: _____

*Please note that scholarships will be restricted to families experiencing financial hardship. Please be aware that the **Scholarship Committee reserves the right** to request copies of your past two years' worth of tax returns and to request that you complete a new scholarship assistance form on a periodic basis.

Please mail your application to:

Hope Springs Equestrian Therapy, Inc.
Scholarship Committee
P.O. Box 156
Chester Springs, PA 19425

Questions? Please call the office at (610) 827-0931.

To be signed after scholarship awarded:

Hope Springs Executive Director: _____ Parent/Guardian: _____