



Hope Springs Equestrian Therapy, Inc.

Request for Scholarship Assistance

Name of Student: _____
Name of Parent/Guardian if Student is under 18: _____
Address: _____
City/State/Zip: _____
Home Phone Number: _____
Cell Phone Number: _____
E-mail Address: _____
Date began attending Hope Springs Equestrian Therapy Inc., (HSET): _____

Reason for request of scholarship assistance:

Amount of scholarship requested: ____% (For example, a 25% *scholarship* reduces a \$65 lesson by \$16.25; the student pays \$48.75)

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

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

Student'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 tax returns. You will be required to complete a new scholarship assistance form on a periodic basis.

Participant/Parent(s)/Guardian hereby declares that the information provided to the best of my knowledge and belief is true, correct and complete.

Signature: _____

Date: _____

Signature: _____

Date: _____

(Participant, Both Parents or Guardian – if participant is under age 18, must be signed by parents or guardian)

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:

Amount of Scholarship Awarded: _____

Date Awarded: _____

HSET Executive Director: _____

Date: _____

Parent/Guardian: _____

Date: _____