



SCHOLARSHIP OPPORTUNITIES

Healing Hoofbeats strives to make its services available to all participants whose application for registration is accepted. Healing Hoofbeats is able to fulfill this mission through the generosity of our supporters, the building of our endowment fund and the administration of a scholarship program based strictly on financial need.

APPLICATION FOR FINANCIAL ASSISTANCE

New Participants - Individuals applying for services at Healing Hoofbeats must submit the Financial Assistance Application with their Registration Form. Awards will be made only after the individual has been admitted into a Healing Hoofbeats program.

Current Participants – Financial Assistance is 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.

AWARDING OF FINANCIAL ASSISTANCE

All information provided on the *Financial Assistance 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.

Financial Assistance **up to** 75% of the riding session fee is awarded in the form of credit toward the tuition for scheduled services; the participant is notified of this award in writing.



Healing Hoofbeats, Inc.

10636 W Linger Longer Rd

Youngstown, FL 32466

(850)722-5400

www.healinghoofbeats.org

Healing Hoofbeats, Inc.
FINANCIAL ASSISTANCE APPLICATION

This application is for financial assistance at Healing Hoofbeats. The information will be kept confidential and will be made available only to the Healing Hoofbeats Scholarship Committee.

Financial Assistance awards are based solely upon need. Due to limited funds we ask all applicants for financial assistance to make a careful assessment of their financial needs. Final determination of financial assistance awards will be based on the demonstrated financial needs of the applicant and the funds available for scholarship.

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. **Please note that the 'Applicant' is the individual who will be riding or receiving the lessons.**

A) Information about Applicant:

Name: _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Has Applicant earned any income in the last 2 years? _____ If so, state all sources of Applicant's income for the last 2 years:

(If minor or incapacitated person) Parent or Legal Guardian Name(s):

Please list all persons who regularly provide financial support to Applicant:

Name	Relationship to Applicant
_____	_____
_____	_____
_____	_____

B) Information About the Person Filling out this Application:

Name: _____ Relationship to Applicant: _____

Best Way to Reach You about this Application: _____



C) Information about Persons Providing Financial Support to Applicant

The following Information must be answered by each person who provides regular financial assistance to Applicant. Please make or request additional copies of this sheet for each person. If Applicant earns any income, this information must also be answered by or for Applicant.

Name: _____ Relationship to Applicant: _____

Home Address:

Occupation: _____ Employer: _____

Business Address:

Best way to contact: _____

List all persons dependent upon your income:

Name	Age	Relationship	Reside with you?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please identify below any other information you wish the Scholarship Committee to consider with this Application:

Please complete the attached worksheet. Upon request by the Scholarship Committee, you may be asked to provide additional documentation.

Signed: _____ Date: _____



Financial Assistance Worksheet	
Monthly Household Income	Net Amount
Wages	
Applicant Benefits	
Applicant Child Support	
Other:	
Net Total	
Monthly Household Expenses	
Rent/Mortgage	
Car(s)	
Fuel/Transportation Cost	
Insurance	
Food	
Childcare	
Uninsured Medical	
Utilities	
Educational	
Child Support/Alimony	
Other:	
Net Total	

**** Please state the NET amount for both the Income and Expenses.