



FINANCIAL ASSISTANCE APPLICATION

This application is for financial assistance at Healing Hooves Therapeutic Horsemanship.

("Healing Hooves"). The information will be kept confidential and will be made available only to the Healing Hooves 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. The 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

An applicant earns any income, this information must also be answered by or for the 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?

www.healinghooveslr.org (p) 501-366-8436