



**Reins of Hope  
Therapeutic Horseback Riding Program  
Need-Based Scholarship Application**

Student \_\_\_\_\_ School \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Lessons are \$10/hour or \$5/half hour. **Reins of Hope reserves all scholarships for students who would experience serious financial hardship in paying for the sessions.** Please explain why you feel you would qualify for these scholarships. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How much could you contribute to a lesson each week? \_\_\_\_\_

How can you contribute your time as a volunteer in place of payment? If so:

- I could: \_\_\_\_\_ volunteer with classes
- \_\_\_\_\_ help serve lunches
- \_\_\_\_\_ bring lunch for volunteers
- \_\_\_\_\_ help with special projects or events
- \_\_\_\_\_ other

How have you personally benefitted from your experience at Reins of Hope?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Note: If a student is going to be absent from class, 24 hours notice to the instructor is required. Two unexcused absences will require the student to pay for the missed classes before riding again. In addition, the student will be required to reapply for a scholarship should he or she want to continue riding at Reins of Hope.**

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 A scholarship for \$ \_\_\_\_\_ was approved/denied.

ROH Official Signature \_\_\_\_\_ Date \_\_\_\_\_