

Reins of Hope Therapeutic Horseback Riding Program <u>Need-Based Scholarship Application</u>

Student				
	City		Zip	
Parent/Guardian				_
Home Phone	Cell Ph	one		_
serious financial hard	\$5 for 30 minutes. Reins of Hop ship in paying for the sessions	. Please explain wh	hy you feel you would	-
How much could you co	ontribute to a lesson each week? _			_
•	e your time as a volunteer in place volunteer with classes	of payment? If so:		
	help serve lunches			
	bring lunch for volunteers			
	help with special projects or ever	nts		
	other			
How have you persona	lly benefitted from your experienc	e at Reins of Hope?		
				-
Student or Parent/Gua	rdian Signature		Date	
session. If a student i absences will require required to reapply for scheduled if classes are	will provide Reins of Hope a har s going to be absent from class, the student to pay for the misser r a scholarship should he or she w e canceled due to weather.	24 hours notice to the classes before ridiner and to continue ridiner and to c	he instructor is required ng again. In addition, th g at Reins of Hope. A ma	One unexcused te student will be take up day will be
	was approved/denied.			
ROH Official Signature		Da	ate	