

# HORSES *for* HOPE

## Financial Assistance/Scholarship Application

Dear Applicant:

Thank you for your interest in our equine and equestrian programs. For over 15 years, our organization has helped hundreds of families caring for loved ones with special needs. Our aim is to offer financial assistance for those who are qualified for assistance based upon a family's ability to pay for our programs, with a priority on helping those with special needs. Ability to pay is determined by income level and other contributing factors to your family situation. Availability of funds depends on the number of individuals requesting financial assistance in relationship to the funds raised each year for this purpose.

Once a completed application is received, the review committee will make recommendations based on financial need, your description of benefits received or anticipated from our programs, and family circumstances. It is very important that we receive complete applications, if you have questions or would prefer an interview, please contact us at 919-906-3363 or [bodpresident@horsesforhope.org](mailto:bodpresident@horsesforhope.org).

To be considered for financial assistance, please return the accompanying Financial Assistance Application and most recent tax return forms to:

Horses for Hope TRC, Inc.  
Scholarship Committee  
5301 Umstead Rd  
Fuquay Varina, NC 27526

You will be contacted in a timely manner according to the guidelines in the following document.

**Requests for financial assistance will be kept strictly confidential.**

Sincerely,

Gwen Roberts, CEO & Director  
Horses for Hope TRC, Inc.

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## Financial Assistance/Scholarship Guidelines and Agreement

Therapeutic riding students in either the Seasonal Therapeutic Riding program (STR) or the Year-round Therapeutic Riding program (YTR) can apply. Applications are accepted from 11/1-11/30 for the first semester (January 1-June 30) and 5/1-5/31 for the second semester (July 1 – December 31). Notifications of the awards will be made in the first week of December and June of each year. Below are the criteria for applying.

1. Complete the application form and submit with any required documentation. Incomplete applications will not be considered.
2. Applicant's account must be current.
3. Reapply every semester with a new application.

There will be a 3-person review panel appointed to make the determination as to who is awarded a grant for that semester. Announcements will be made in November and May of each year.

Awards will be no more than \$300 per semester (distributed in \$50 monthly increments) – all other monthly lesson fees are the responsibility of the participant or the participant's parent/guardian if under 18. Funds are limited so there are no guarantees of an award.

Awards have no cash value and cannot be reassigned or given/gifted to any participant outside of the immediate family.

Awards can be terminated due to any of the following:

- STR Participant misses more than 2 lessons in the 10 week session they are enrolled.
- No-shows/no-notice immediately terminates the current award and disqualifies the participant from any future awards.
- Participant's account becomes delinquent.
- Participant leaves the program.

I, \_\_\_\_\_ (parent/guardian/participant over 18 years old), understand the above guidelines and rules for the scholarship award program.

I further understand that these guidelines and rules apply ONLY to the financial assistance/scholarship grant program, they do NOT replace any rules/commitments in the Lesson Commitment Form or any other HfH agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# HORSES *for* HOPE

## Financial Assistance/Scholarship Application

New Application or Reapplying?

New

Reapplying

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_ (Other): \_\_\_\_\_

1. **Please attach a copy of pages 1 & 2 of your most recent tax return.** For your protection, darken all social security numbers.
2. Describe, in detail, why you need the funds and list any special circumstances your family currently faces that affects your ability to pay full program fees.

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3. Write a short essay - Please describe the benefits you have received from HfH services OR if you are a new client, how you anticipate HfH services will benefit your family, what are the participant's interests, what is your level of commitment, what are your expectations of the program. *Participants are encouraged to contribute to this essay - use separate sheet if needed.*

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4. How much are you able to pay each month towards your lesson fee? \_\_\_\_\_
5. Have you applied for any assistance from other sources such as First In Families or A Small Miracle? \_\_\_\_\_ Do you have access to any grants or scholarship funds you can apply to your lesson fees? Please explain: \_\_\_\_\_

**I hereby certify that the information given above is true, accurate, and complete to the best of my knowledge. I am aware that if any of the information I have provided is incorrect that my financial assistance may be terminated. I understand that submitting this application does not guarantee an award of financial assistance.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_