



Hope Springs Equestrian Therapy, Inc.

Request for Scholarship Assistance

Name of Rider: _____
Name of Parent/Guardian if Rider is under 18: _____
Address: _____
City/State/Zip: _____
Home Phone Number: _____
Cell Phone Number: _____
E-mail Address: _____

Reason for request of scholarship assistance:

Benefits you have experienced as a result of therapeutic riding sessions at Hope Springs:

Amount of scholarship requested:

_____ 25% (*scholarship portion \$13.75 per lesson – riders portion \$41.25*)
_____ 50% (*scholarship portion \$27.50 per lesson – riders portion \$27.50*)

Date began attending Hope Springs: _____

Amount (%) of scholarship assistance received in the past: _____.

*Please note that scholarships will be restricted to families experiencing financial hardship.
Please be aware that the Scholarship Committee reserves the right to request copies of your past two years worth of tax returns.

Please mail your application to:

Hope Springs Equestrian Therapy, Inc.
Scholarship Committee
P.O. Box 156
Chester Springs, PA 19425

Questions? Please call the office at (610) 827-0931.