



HOPE REINS, INC.  
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## Hope Reins Therapeutic Riding Scholarship Request Form

At Hope Reins, we strive to make our program available to all families, regardless of their ability to pay. We have scholarship funds that may be available, however, to be eligible for consideration we require **income verification** and proof of any assistance you are receiving. **Scholarships are not retroactive and must be applied for and approved prior to lesson start date, unless otherwise noted.** Scholarships are only available for group lessons unless otherwise determined by Hope Reins staff.

### AWARDING OF SCHOLARSHIP

All information provided on the *Scholarship Application* is kept in strict confidence. The Board of Directors reviews each application and may find it necessary to request additional information. Scholarships are awarded in the form of credit toward the tuition for scheduled services.

**PLEASE FILL OUT ALL OF THE FOLLOWING INFORMATION**

**INCOMPLETE FORMS WILL NOT BE PROCESSED**

Rider's Name _____	Birth Date: _____	
Address _____	City _____	Zip _____
School (if applicable) _____	Grade _____	
Parent or Legal Guardian _____	Phone _____	
Email _____		

**Financial Information:**

Total Family Size \_\_\_\_\_ Number of Children Under 18 \_\_\_\_\_ Number in our program \_\_\_\_\_  
Parents Name \_\_\_\_\_  
Names of all children \_\_\_\_\_  
Total Gross Monthly Wages \$ \_\_\_\_\_ Monthly Child Support \$ \_\_\_\_\_  
Public Assistance \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ SSIDI \$ \_\_\_\_\_  
Grants/Scholarships \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**Please attach a copy of your most recently completed **Federal Income Tax Form** as well as proof of any additional income.**

**Yearly updates of Financial Information will be required for all approved scholships.**

*All information will be kept in strictest confidence*

**Other Information:**

	Date Purchased	Wholly Owned	Financed	Rented
Real Estate/Primary Residence	_____	_____	_____	_____
Vacation Property	_____	_____	_____	_____
Vehicle 1-Year and Make	_____	_____	_____	_____
Vehicle 2-Year and Make	_____	_____	_____	_____
Boat-Year and Make	_____	_____	_____	_____
RV-Year and Make	_____	_____	_____	_____

Other to be considered:

Description: \_\_\_\_\_  
\_\_\_\_\_

Please identify below other financial obligations you may have that should be considered with this Scholarship Application. In addition, if there are other factors you feel might affect consideration of this application, please explain them here.

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

**Considerations:**

Why do you believe therapeutic riding will benefit this rider?

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**Volunteering:**

If you opt to become a program volunteer, you may be able to waive your co-pay. All volunteers must complete the required application and training to be confirmed as a volunteer.

**Volunteer Work Interests:**

- Program Volunteer
- Land/Barn Maintenance
- Fundraising

I certify that the information is correct and completed to the best of my knowledge. I give Hope Reins, inc. permission to verify all of the above information. I understand that any incorrect information will result in immediate termination of this request.

Rider/Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

To maintain your scholarship: You must pay your copay before each lesson or complete your assigned volunteer hours each month. If you are unable to complete all volunteer hours, you will be billed your co-pay per lesson.

To be completed by Hope Reins:

Accepted  Denied

Date reviewed: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Plan Awarded: Co-pay \$ \_\_\_\_\_ or Volunteer hours per month \_\_\_\_\_

Additional Information requested: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Date Received: \_\_\_\_\_

Comments:

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