

Date Received: _____

HORSES FOR HEALING, INC

Scholarship Application

Horses For Healing, Inc offers a partial to full scholarship for one session per recipient. To be considered for a scholarship the completed application and supporting documents must be submitted for review by the scholarship committee.

Rider name: _____ DOB: _____

Parent (s) name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: _____ Evening phone: _____

Family's gross yearly income: _____ Source of income: _____

Number of people in household: _____

Reason for scholarship need:

(Please continue on reverse if you need more room)

Please provide proof of income in **one** of the following forms:

Copies of check stubs less than 30 days old

Alimony/Child Support check copies

Workers Compensation, SDI, Social Security, Pension check stubs

Signed and Notarized statement from employer if no check stubs are available

Copy of current income tax return

Signature

Date

Mailing Address:
PO Box 1136

Meadow Vista, CA

95722