



H.O.P.E. Therapeutic Riding Center

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Email: hope@whidbey.com

Web Site: www.hope-whidbey.org

SCHOLARSHIP APPLICATION

Every scholarship student is required to pay the \$30.00 first session fee plus \$5.00 per session for the remaining sessions in the Quarter (a total of \$70.00 for a nine week Quarter, \$65.00 for an 8 week Quarter and \$55 for a 6 week Quarter) independent of a scholarship award. New students awarded scholarships are also required to pay the \$30.00 new student assessment fee.

During each Quarter in which the student is enrolled, to qualify for aid the student and/or family must show financial need by completing the Scholarship Application **PLUS *provide assistance with at least 2 HOPE special events and/or fundraisers, or help with at least 6 hours of program projects coordinated in advance*** with the Executive Director or Head Instructor. This commitment involves a minimal amount of time and does not constitute fair-value reimbursement and/or employment.

With your help, the money raised through these projects sustains your scholarship funds and offsets your costs of sessions. Students and/or families failing to fulfill your scholarship obligations for that Quarter will be ineligible to reapply for a scholarship for 6 months. Students must recertify eligibility for a scholarship no later than one week prior to the registration deadline for the next Quarter. Please submit your Scholarship Application along with all other registration forms so that HOPE receives them at least one week prior to each Quarter's registration deadline in order to give HOPE staff time to determine whether you are eligible for a scholarship.

HOPE uses the annual United States Department of Agriculture Public School Meal Rates to determine the amount of scholarship to award. Those guidelines are based on the number of family members as compared to annual income (rates are in effect July 1-June 30 of each year and are revised annually). Maximum scholarship award is \$200.00 per nine week Quarter, \$175.00 per eight week Quarter and \$125 per 6 week Quarter. Half scholarships are also available. HOPE requires full payment of the student's share of the fees for the entire Quarter at the time of registration.

(PLEASE PRINT OR TYPE)

Quarter Applying for: WINTER SPRING SUMMER FALL Year: 20_____

Participant: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Alternative Tel. #: _____

E-mail: _____

10/10

Page 1 of 2

Student's Employer/School: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____

Parent/Legal Guardian (if a minor): _____

Address (if different from above): _____

Phone: _____ Alternative Tel. #: _____

E-mail: _____

Employer: _____

City: _____ State : _____ Phone: _____

Additional income source(s): Social Security Yes No
Basic Food Yes No
TANF Yes No

What is your household size? 1 2 3 4 5 More than 5: _____
(Circle one)

What is your household's total Annual Income? \$ _____

DDD eligible: Yes No

Please initial:

____ I understand that my help or the help of my family/guardian is required with fundraisers and activities each Quarter that I am granted a scholarship. In case I am unable to help as scheduled, I will find a replacement for me and provide them the necessary information. Failure of them to participate will be considered a failure to fulfill my obligation as agreed. I also understand that, without these activities, scholarships would not be available.

____ I have read and understand the aforementioned terms and agree to them. I further certify that the information provided in this application is true and correct to the best of my knowledge.

____ I understand that ALL required HOPE paperwork and fees must be received prior to scholarship consideration.

Signature: _____ Date: _____
(Adult Student/Parent/Guardian)

“Discover Your Abilities . . . Grab the Reins of Life!”