



SCHOLARSHIP APPLICATION

*Please note that this form is the only information that the scholarship review committee will receive.
Please be thorough and provide any and all information that will allow them to make the best
determination of scholarship fund distribution.*

Participant Name: _____

Date of Birth: _____ Diagnosis: _____

How frequently are you wanting to schedule riding lessons? _____ (once per week, every other week, twice per month, monthly ect) Sessions are \$65/hour (A minimum \$20 fee per lesson is required of all participants.)

Please discuss factors contributing to financial hardship (i.e., single parent, medical costs, fixed income):

_____ List

other structured recreational or physical activities the applicant is involved in:

Distance traveled to attend sessions: _____

Discuss transportation to Reclamation-Ranch for scheduled sessions and any reasons regular attendance may be a problem/challenge: _____ How

would Helping With Horsepower Therapeutic Riding Program be beneficial to the applicant?

I have contacted the following businesses requesting sponsorship: (Business name, email, phone number, contact person): _____

Parent/Guardian print: _____ Date: _____

Signature: _____

Helping With Horsepower™ at Reclamation-Ranch

Office: 41053 265th St., Ethan, SD 57334 Ranch: 40787 259th St., Mitchell, SD 57301

(605) 999-9824 or (605)770-2867 www.helpingwithhorsepower.com reclamationranch@gmail.com

Helping With Horsepower™ is a 501(c)3 non-profit organization. 45-3963128

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