



Finding HOPE Therapeutic Riding Center, Inc.
P.O. Box 242 Rochester, IL 62563
HOPE Scholarship Application

Date of application: ____/____/____

Participant Information

STATUS: New Client Current Client Current Scholarship Recipient (if known)

Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Individual Completing Scholarship Application:

Name: _____

Relationship to Scholarship Nominee: _____

Phone: _____ Email: _____

Questions Regarding SCHOLARSHIP AWARD

Scholarship assistance may be partial or 100% funded if awarded. Is this request for FULL or PARTIAL assistance? Full Partial

Financial Need

ESTIMATED ANNUAL GROSS INCOME FROM ALL SOURCES:

Up to \$15,000 \$15,000 - \$30,000 \$30,000 - \$50,000 \$50,000 - \$75,000 Above \$75,000

Number of Dependents in Household: _____ Adults _____ Children _____ Other

Are any other members in the household disabled? Yes No

Is the participant enrolled in any federal, state or local programs that aids students from low-income families? Yes No

Economic Need

Does the participant receive FREE or REDUCED priced school lunches? Yes No

Does the participant receive TANF SNAP Medical Benefits No

Does the participant live in federally funded housing, a foster home, or is homeless? Yes No

Is the participant in foster care? Yes No

