

**HORSES FOR A CHANGE, INC.**  
 570 OLD POST ROAD, PO BOX 54  
 ESOPUS, NY 12429-0054  
 (845) 384-6424 – (845) 384-6920 (FAX)

**SCHOLARSHIP APPLICATION for LESSONS and CAMP**

**Financial assistance is granted on financial need and to the extent that funds are available. Assistance will be awarded without regard to gender, race, ethnicity, age, creed, religion, disability, sexual orientation or national origin.**

DATE: \_\_\_\_\_

RIDER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

Describe the rider's RIDING EXPERIENCE, if any:

**In the chart below, please circle the number of persons in your household; then circle the TOTAL YEARLY INCOME category listed under that household size. Total yearly income includes all sources of income (including child support/alimony and investment income) for all members residing in the home. Bear in mind that we are a charitable organization relying on donor support to serve as many riders as possible, so please be honest about your financial situation. We may ask for more information before making a decision on your application. All information will be kept confidential. If your household's income falls outside this chart, but you otherwise can show financial need, assistance may be granted at the discretion of the Horses for a Change Advisory Board.**

Number in Household	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 or more
Equal to or less than:	\$29,200	\$33,400	\$37,550	\$41,700	\$45,050	\$48,400	\$51,750	\$55,050
Equal to or less than:	\$45,100	\$51,550	\$58,000	\$64,400	\$69,600	\$74,750	\$79,900	\$85,050
Greater than:	\$45,100	\$51,500	\$58,000	\$64,400	\$69,600	\$74,750	\$79,000	\$85,050

**Please briefly explain below the reason(s) for requesting this scholarship.**

**Please fill in for ALL parents/guardians**

Rider's name:

Name(s) of person(s) submitting this request and relationship to rider:

Address for any correspondence regarding this request:

Phone number(s) at which you can be reached:

E-Mail address:

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Name:

Relationship to Rider

Address:

Mailing Address if Different:

Phone(s):

E-Mail:

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Name:

Relationship to Rider

Address:

Mailing Address if Different:

Phone(s):

E-Mail:

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**CERTIFICATION to be signed by Parent/Guardian submitting this application:**

I certify that all information provided is true and that all income is reported. I agree to inform Horses for a Change of any changes in household income or number of household members in the month in which the change(s) occur. This information will be accompanied by a revised scholarship application. I understand that any co-pay is due at time of service, and I agree to give Horses for a Change ample notice if the rider cannot attend a scheduled session. I understand that chronic absences may jeopardize the rider's funding.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_