



*“Improving lives one FOOT and one HOOF step at a time.”*

## Scholarship Request Form

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Adult Over 18 yrs     Youth (12yrs-17 yrs) Guardian Name: \_\_\_\_\_

Military Related:  Veteran     Spouse     Dependent Child     N/A

Preferred Session Time Frame:  AM Preferred     PM Preferred

Preferred Session Days(Check all that apply)  Mon     Tues     Wed     Thurs  
 Fri     Sat

Area(s) of Concern: \_\_\_\_\_

\_\_\_\_\_

Reason(s) for Scholarship Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about our program: \_\_\_\_\_

\_\_\_\_\_

*Scholarships include a minimum of five, one hour, weekly equine assisted therapy sessions. All sessions include a Licensed Mental Health Counselor, Certified Equine Specialist and horse(s). Horses are able to free-roam during sessions. No horseback riding will occur during any HHS session. Closed toe shoes are required for all equine sessions. Equine sessions interrupted or canceled by inclement weather are subject to rescheduling. Scheduling preferences will be applied as often as possible to accommodate client, HHS staff and horses. The above scheduling preferences do not guarantee specific days or timeframes, but serve as a need-based guide. Please email completed request to [healinghoofsteps1@gmail.com](mailto:healinghoofsteps1@gmail.com) Upon qualification by HHS for therapeutic scholarship sessions, you will be notified when scholarship funding becomes available. Post qualification, scholarships will be awarded on a first-come, first-serve basis.*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Printed Name

Healing Hoof Steps  
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