



Participant Scholarship Application

Date: _____ Request for: ___ Winter ___ Spring ___ Summer ___ Fall

Participant's Name: _____ Phone: _____

List past sessions you have received scholarship funds: ___ None

1. _____ 2. _____ 3. _____

Please check the category of your annual income from all sources (work, government/family support, student loans, trust, dividends, ect.):

___ Up to \$15,000 ___ \$15,000 to \$25,000 ___ \$25,000 to \$40,000 ___ Exceed income and/or applying as "special circumstance." Please describe:

_____ Number of dependents in household: _____ Please discuss factors contributing to financial hardship (single parent, large household, medical costs, fixed income, ect.):

_____ Please discuss your (or parents'/guardians') employment status/opportunities:

_____ Please discuss your transportation to HorsePower and any reasons regular attendance may be a problem:

_____ Please tell us any other reasons you are applying for a HorsePower scholarship:
