



Horses with H.E.A.R.T.

Rider Scholarship Request Form

Date of request: _____

Rider Name: _____ Age _____ Disability _____

Riding Session to be applied to: _____

Explanation/Summary of need:

Requested by: _____

Address: _____

Phone: _____

Class: _____ Private (\$25) _____ Semi-Private (\$20) _____ Group (\$15)

Instructor Comments: _____

Instructor Signature

Date

+++++

For Committee use only:

Approved: _____ Disapproved: _____

Reasons/Comments: _____

Committee Signature

Date

P.O. Box 186 ♥ Dewey, AZ 86327 ♥ (928)533-9178 ♥ www.horseswithheart.org