

High Lonesome Therapeutic Equestrian Center  
Application for Scholarship

Participants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

1. Please tell us briefly why you would one a scholarship for yourself/child.

2. Please list any extenuating circumstances that the board should consider when reviewing this application.

3. Please list all household members monthly income.

Names of Household Members	Gross monthly earnings before deductions	Monthly welfare payments, child support, alimony	Monthly pensions, retirement, or social security payments	Any other monthly income

I certify that all the information is true and all income is reported.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail or email to: HLTEC, 1512 Joe Brown Highway, Murphy, NC 28906  
or [highlonesomestalbes@gmail.com](mailto:highlonesomestalbes@gmail.com)

\* Please note that if selected for the scholarship you will be charged \$25.00 per lesson and we require a family member to volunteer one hour of time a week at the barn (parents can not volunteer to assist directly with their child).