2024 Scholarship Application

Please complete application in its entirety and return to HOHB by the deadline. Deadlines are a minimum of two full weeks prior to start of session. All applications will be reviewed and scholarships approved based on need and fund balance. Applications will be valid for one year.

You must include a copy of your most recent income tax return with this application.

Rider's Name: _____

Parent/Guardian (if under 18 years of age): _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Email_____

Disability: _____

Are you currently employed: _____ Yes _____ No

Occupation/Location: _____

Do you receive any of the following benefits?

_____ Social Security _____ Medicaid _____ Welfare

_____ SSDI _____ Medicare

_____ Other: please explain: _____

_____

Amount Requested:

$_____ for Session 1

$_____ for Session 2

$_____ for Session 3

$_____ for Session 4

$_____ for Session 5

$_____ for Session 6

$_____ for Session 7

Please describe your current financial situation/reason for the amount requested:

_____

_____

_____

_____

_____

_____

_____

I affirm that the information listed on this application is true and correct to the best of my ability. I release to HOHB the authority to verify the above information in the course of determining my need for financial assistance.

_____ _____

Signature Date

_____

Print Name

Office Only
Approved Date:
Designated Fund: