



Dog Training Scholarship Application

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Dog Name: _____ Breed: _____ Age: _____

IF KNOWN: Training Facility: _____ Class Cost: \$ _____

Please describe why this expense would create a hardship for you:

What amount are you currently able to pay? \$ _____

Please describe why you would like to be involved with Hand in Paw:

List days and times you are available to serve on visits:

Paying for a dog obedience class would create a hardship for my family. I pledge to attend all sessions of the class once I am enrolled (barring emergencies). I promise to practice and work with my dog on a regular basis and follow the Hand in Paw training process when the class is complete. If my dog becomes a Hand in Paw therapy dog, I agree to serve as a volunteer for a minimum of one monthly visit for two years.

Signature: _____ Date: _____