



HEALING REINS THERAPEUTIC RIDING CENTER
TUITION ASSISTANCE PROGRAM
2008

Purpose

Healing Reins' tuition assistance program exists to provide full and partial tuition assistance for therapeutic riding students in financial need. The goal of the program is to provide funding for all qualified riders that would benefit from our services.

Funding

Final determination of tuition assistance is based on the federal poverty guidelines, the demonstrated financial need and the funds available at that time. HRTRC puts significant effort each year into fundraising dollars for our scholarship account and fund availability may vary from year to year.

Guidelines

- A completed tuition assistance application must be submitted to HRTRC by the posted deadline date (30 days prior to session start). Applications consist of the completion of a form requesting funds and financial disclosure documents. All requested information must be provided for an application to be considered.
- Funds are to be requested and used only when no other sources of funding is available to the rider. *We encourage all of our clients to approach family, friends and community resources for financial assistance.*
- Please indicate on the application how much financial assistance you are requesting by writing the amount in the space provided.
- All recipients will be asked to pay the \$10 per session insurance fee.
- Funding may be discontinued if **3 or more lessons are missed** during the current riding session. Unexpected hospitalization terms or physician prescribed absences that result in 3 or more lessons missed will not be counted as reasons for discontinuing funding.
- **Applications must be re-submitted annually.**
- Because scholarship funds are raised through various fundraising events and/or requests from donors, we request that the recipient of the funds or his/her representative (parent, caregiver, foster parent, family member, etc.) actively participate in a minimum of two of the HRTRC fundraising events during the current year.
- Recipients of funds are encouraged to communicate appreciation to their benefactor through pictures or letters of testimony.



**HEALING REINS THERAPEUTIC RIDING CENTER
TUITION ASSISTANCE APPLICATION**

- All information provided will be held in strictest confidence.

Name of Rider _____ **Date of Request** _____

Have you applied before? Yes No__ **If yes, When?** _____

Tuition varies depending on session length. All sessions charge a \$10 insurance fee in addition to tuition. Partial scholarships are encouraged. Please fill in the following to determine how much funding you are requesting for the upcoming session. Future sessions will adjusted according to the tuition charge. **All riders are required to pay a \$10 insurance fee.**

HRTRC session tuition: \$ _____
 Subtract portion of tuition you are able to pay: \$ _____

The remainder is your REQUESTED AMOUNT: \$ _____

Information requested below applies to Parent/Guardian or Adult Rider.

Name _____ Phone-Home _____ Work _____

Spouse _____ Phone-Home _____ Work _____

Address _____ City _____ Zip _____

Married _____ Single _____ Divorced/Separated _____ Widowed _____

Number of children _____ Ages _____ # of people living at home _____

Rider resides with: Mother _____ Father _____ Both Parents _____ Guardian _____ Self _____

FINANCIAL INFORMATION—The following information is required for financial aid.

Please list all forms of income received on an annual basis. Mark N/A for any that do not apply to you.

Wages	Alimony/Spousal Support (income)
Interest from Savings	Welfare/General Assistance
Social Security Benefits	Pension/Retirement
VA Benefits	Insurance Benefits
Medicaid	Respite Care
Unemployment Benefits	Disability Payments/Workers' Comp
Child Support (Income)	Other
Spousal Support	Total Income:

- **Please attach a copy of your most recent income tax return and any W-2's**

ADDITIONAL INFORMATION

In what other types of activities and therapy does this rider participate and how often?

How does therapeutic riding benefit you (if independent participant) or your child?

Please list any unusual circumstances (debts, illness, etc.) that contribute to your need for assistance.

If tuition assistance is granted, participation as a volunteer in two fundraisers per year is required. What type of volunteering are you interested in?

- | | |
|-----------------------------|---------------------------------|
| _____ committee work | _____ day of event |
| _____ preparation, clean up | _____ auction item procurement |
| _____ office help | _____ other (please list) _____ |

I certify that the information provided in this application is correct to the best of my knowledge.

Signature

Date

For Official Use Only	
Amount Granted: _____	Date: _____