Horses In Service Natural Therapeutic Riding Center
Financial Aid Program Application

Purpose

The *Horses In Service* financial aid program exists to provide full or partial tuition assistance for therapeutic riding participants in financial need. The goal of the program is to provide funding for all qualified participants that would benefit from our services.

Funding

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

Guidelines

- A completed financial aid application must be submitted to H.I.S. by the posted deadline date (30 days prior to session start). Applications consist of the completion of the attached 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 other sources of funding are unavailable to the participant. *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 required 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 stays 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 each session.
- Because financial aid funds are raised through various fundraising events and/or requests from donors, we require that the recipient of the funds or his/her representative (parent, caregiver, foster parent, family member, etc.) actively participate in at least one of the H.I.S. fundraising events during the current year.

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All information provided will be held in strictest confidence.

Name of participant _____
Date of request _____

Have you applied before? Yes___ No___ **If yes, when?** _____

The spring and fall tuition is $260 per 8-week session plus a $10 insurance fee. The winter tuition is $200 per 6-week session plus a $10 insurance fee. Partial scholarships are encouraged. Please fill in the following to determine how much funding you are requesting. **All participants are required to pay the $10 insurance fee**.

H.I.S. per 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 Participant.

Name_____ Phone-H_____ W_____

Spouse_____ Phone-H_____ W_____

Address_____ City _____ Zip_____

Married _____ Single ____ Divorced/Separated _____ Widowed _____

Number of children_____ Ages_____ # of people living at home _____

Participant 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	Spousal support income
Social Security benefits	Pension/Retirement income
VA benefits	Insurance benefits
Medicaid benefits	Respite care
Unemployment benefits	Other income
Welfare/General Assistance income	Disability payments/Workers' Comp
Child support income	**Total Income**:

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

ADDITIONAL INFORMATION

In what other types of activities and therapy does this participant 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 at least one fundraisers per session is required. What type of volunteering are you interested in?

_____committee work

_____preparation, clean up

_____office help

_____ day of event

_____ auction item procurement

_____ other (please list)

_____

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

_____ _____

Signature *Date*

For H.I.S. Office Use Only

Scholarship _____ **Date:** _____